

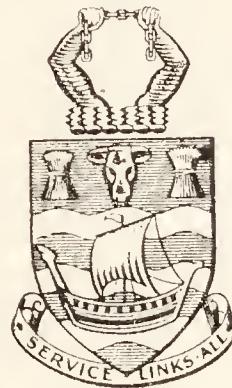
County Council of Lincoln — Parts of Lindsey



ANNUAL REPORT
OF THE
County Medical Officer of Health
for the Year
1948

W. S. H. CAMPBELL, O.B.E., M.B., Ch.B., D.P.H.
County Medical Officer of Health

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PUBLIC HEALTH OFFICERS OF THE AUTHORITY

A. WHOLE-TIME

County Medical Officer of Health:—

WILFRID S. H. CAMPBELL, O.B.E., M.B., Ch.B., D.P.H.

Deputy County Medical Officer of Health:—

HERBERT G. H. BUTCHER, B.A., L.R.C.P., M.R.C.S., D.P.H.

(Transferred to Regional Hospital Board 5/7/48)

(Vacant)

Senior Assistant County Medical Officer of Health:—

H. HARTLEY DAVIES, M.R.C.S., L.R.C.P., D.C.H.

Assistant County Medical Officers:—

JOHN C. MACARTNEY, M.D., Ch.B., D.P.H.

WILLIAM J. KERRIGAN, M.B., Ch.B., B.A.O., L.M., D.P.H.

CYRIL F. LYNCH, M.B., B.Ch., B.A.O., D.P.H. (Resigned 14/7/48)

IAN McLACHLAN, L.R.C.P. & L.M., L.R.C.S. & L.M., D.P.H.
(Resigned 30/9/48)

RALPH J. R. MECREDY, B.A., M.B., B.Ch., B.A.O., D.P.H.

DAVID H. WILLIAMS, M.R.C.S., L.R.C.P., D.P.H.

STANLEY A. O'HAGAN, M.B., B.S., D.P.H.

WILLIAM D. SWINNEY, M.B., Ch.B., D.P.H.

SIDNEY CHILDS, M.A., L.R.C.P. & S., M.R.F.P. & S.G., M.B., Ch.B.,
D.P.H., D.P.A., D.T.M. & H. (Appointed 1/11/48)

JEAN M. BARROWMAN, M.B., Ch.B.

ISOBEL C. ALLARDYCE, M.B., Ch.B., D.C.H.

ELIZABETH M. MOCKLER, M.B., B.Ch., B.A.O. (Appointed 4/2/48)

DAISY J. LEE, L.M.C., D.R.C.O.G., D.C.N. (Appointed 1/7/48)

MARGUERITE J. LUNN, M.B., Ch.B. (Appointed 26/7/48)

Chief County Dental Officer:—

JOHN D. SYKES, L.D.S.

Assistant County Dental Officers:—

HENRY K. OVEY, L.D.S., R.C.S.

GEORGE H. TAPPER, L.D.S., R.C.S.

FRANK E. PADGETT, L.D.S., R.C.S.

LORNA M. J. EWART, L.D.S. (Appointed 26/4/48—Resigned 27/12/48)

KATHLEEN N. LAWLOR, B.D.S.I. (Appointed 3/5/48)

DOUGALD R. STORR, L.D.S. (Appointed 1/11/48)

County Health Inspector:—

C. C. ORWIN, M.R.S.I., M.S.I.A.

Assistant County Health Inspectors:—

G. A. FARROW, Cert.S.I.B., A.M.I.P.C., Assoc.M.C.T. (Resigned 30/6/48)
 R. C. ROGERS, Cert.S.I.B. (Resigned 14/9/48)
 B. J. DREW, M.S.I.A. (Appointed 9/8/48)
 G. E. DAUBNEY, M.S.I.A. (Appointed 20/9/48)

County Almoner:—

Miss M. E. JAGGER, B.A. (Admin.), A.I.A.

Assistant County Almoner:—

Miss G. NEWMAN, A.I.A. (Appointed 19/4/48)

Superintendent Nursing Officer:—

Miss D. F. WOOLSTON, S.R.N., S.C.M., M.R.San.I.

Assistant Superintendent Nursing Officer:—

Miss V. MONAGHAN, S.R.N., S.C.M.

Health Visitors:— 29 Whole-time

2 Part-time

District Nurse-Midwives 81

District Midwives 4

District Nurses 3

Infectious Disease Nurses:— 2 Whole-time

1 Part-time (Joint appointment with Scunthorpe Corporation)

Domestic Help Organiser:— Miss L. PLUMB (Appointed 1/3/48)*Dental Attendants:—* 7*Chief Clerk:—* CHARLES H. SMITH*Public Analyst:—*

WILLIAM W. TAYLOR, B.Sc., F.R.I.C.

Authorised Officers under the Lunacy and Mental Treatment Acts and for the purposes of Section 15(1) of the Mental Deficiency Act, 1913:—

G. G. BECK, 48 Oswald Road, Scunthorpe

A. JAMES, 48 Oswald Road, Scunthorpe

F. SLINGSBY, 31 Market Street, Cleethorpes

C. L. VICKERS, 18 Parnell Street, Gainsborough

A. V. SMITH, County Offices, Lincoln.

J. E. COLDWELL, 14 Upgate, Louth.

C. H. ARCHER, High Street, Mablethorpe

J. N. RADFORD, Offord House, Spilsby.

DISTRICT MEDICAL OFFICERS OF HEALTH

District	Name	Qualifications	Address
URBAN			
Alford ...	C. S. E. Wright	B.A., M.B., B.Ch., M.R.C.S., L.R.C.P., D.P.H.	Council Offices, Alford
Barton ...	F. P. H. Birtwhistle	M.D., M.B., Ch.B.	Priestgate, Barton-on-Humber
Brigg ...	F. J. O. King	B.A., M.B., B.Ch., B.A.O.	53, Bridge Street, Brigg
Cleethorpes Borough	C. F. Lynch (Resigned 14-7-48)	M.B., B.Ch., B.A.O., D.P.H.	Health Dept., Council Offices, Cleethorpes
Gainsborough	J. C. Macartney	M.D., Ch.B., D.P.H.	Health Dept., Council Offices, Lord Street, Gainsborough
Horncastle ...	W. D. Swinney	M.B., Ch.B., D.P.H.	Council Offices, Horncastle
Louth Borough	W. J. Kerrigan	M.B., Ch.B., B.A.O., D.P.H.	Health Dept., Town Hall, Louth
Mablethorpe and Sutton	W. J. Kerrigan	M.B., Ch.B., B.A.O., D.P.H.	Council Offices, Mablethorpe
Market Rasen	R. J. R. Mecredy	B.A., M.B., B.Ch., B.A.O., D.P.H.	Council Offices, Market Rasen
Scunthorpe Borough	I. McLachlan (Resigned 30-9-48)	L.R.C.P. & L.M., L.R.C.S. & L.M., D.P.H.	Health Dept., Council Offices, Scunthorpe
	S. Childs (Apptd. 1-11-48)	M.A., L.R.C.P. & S., M.R.F.P. & S.G., M.B., Ch.B., D.P.H., D.P.A., D.T.M. & N.	
Skegness ...	A. D. F. Menzies	M.B., Ch.B.	Health Dept., Town Hall, Skegness
Woodhall Spa	W. D. Swinney	M.B., Ch.B., D.P.H.	Council Offices, Horncastle
RURAL			
Caistor ...	R. J. R. Mecredy	B.A., M.B., B.Ch., B.A.O., D.P.H.	Council Offices, Caistor
Gainsborough	J. C. Macartney	M.D., Ch.B., D.P.H.	Council Offices, Lord Street, Gainsborough
Glanford Brigg	F. J. O. King	B.A., M.B., B.Ch., B.A.O.	53, Bridge Street, Brigg
Grimsby ...	C. F. Lynch (Resigned 14-7-48)	M.B., B.Ch., B.A.O., D.P.H.	Health Dept., Council Offices, Deansgate, Grimsby
Horncastle ...	W. D. Swinney	M.B., Ch.B., D.P.H.	Council Offices, Horncastle
Isle of Axholme	J. C. Macartney	M.D., Ch.B., D.P.H.	Council Offices, Epworth, Doncaster
Louth ...	W. J. Kerrigan	M.B., Ch.B., B.A.O., D.P.H.	Council Offices, Cannon Street, Louth
Spilsby ...	C. S. E. Wright	B.A., M.B., B.Ch., M.R.C.S., L.R.C.P., D.P.H.	Council Offices, Spilsby
	D. C. Robertson	M.B., B.Ch., D.P.H.	8, Bridge Street, Boston
Welton ...	W. Sharrard	M.B., Ch.B.	“Elmhurst,” The Avenue, Lincoln

GENERAL STATISTICS

Area of Administrative County	...	...	...	961 305 acres
Population at 1931 census	...	...	...	263 478
Registrar-General's estimated mid-year population				294 790
Number of inhabited houses (census 1931)		...		66 654
Number of separate families or occupiers (census 1931)				68 121
Average number of persons per house (census 1931)				3.39
Rateable value on 1st April 1948	...	...	...	£1 350 434
Product of a penny rate (Estimated 1948-49)		...		£5 395

Sanitary Districts:—

				<i>Population</i> (<i>Estimated Mid-year</i>)
Municipal Boroughs	3	...	...	91 200
Urban Districts	...	9	...	55 920
Rural Districts	...	9	...	147 670

VITAL STATISTICS

Population

Compared with last year's figure, the population of the Administrative County as estimated by the Registrar General shows an increase of just over 6,000 and is rapidly approaching the 300,000 mark. The natural increase in the population, that is the excess of births over deaths, was 2,488 as compared with 2,798 in 1947.

Live Births

The number of live births registered as belonging to the Administrative County was 5,736 or 509 fewer than in the preceding year. The Birth rate was 19.46 per 1,000 of the population as against 21.63 for 1947. The rate for England and Wales for 1948 was 17.9. Of the total live births registered during the year, 357 or 62 per 1,000 were illegitimate. The number of illegitimate births increased steadily during the war years, until 1945, when it was 487. Since then there has been a gradual decline, but the number is still more than 50% above what it was in 1938.

Still Births

There were 126 still births registered in 1948, or four more than in the previous year. The highest number recorded in the last 10 years was 188 in 1941, since when there has been a slow but gradual decline. The number registered for 1948 gives a rate of 21.49 per 1,000 total births as compared with 19.08 for 1947.

Deaths

Deaths during the year of persons resident in the Administrative County numbered 3,248, giving a crude death rate of 11.02 per 1,000 of the population, which is 0.92 per 1,000 below the rate for the previous year.

The death rate of England and Wales for 1948 was 10.8.

The relative importance of the chief causes of death is shown in the following table:—

Cause of Death	No. of Deaths	1948	
		Percentage of total deaths	
Heart Disease	918	28.2	
Cancer	520	16.0	
Intra-Cranial Vascular Lesions	403	12.4	
Bronchitis	140	4.3	
Road Accidents, Suicide and other violent causes	130	4.0	
Congenital Malformation, Birth Injury, Infant Disease and Premature Births ...	128	3.9	
Other diseases of the Circulatory system	126	3.8	
Pneumonia	107	3.2	
Tuberculosis	91	2.8	

Deaths from Heart Disease

The number of persons dying annually from heart disease continues to increase in the county and in the country generally. The fatalities from this disease in the county in 1948 numbered 918, which is equivalent to a rate of 3.1 per 1,000 of the population. Twenty years ago the rate was little more than half what it is now. Nearly 80% of the deaths were of persons 65 years of age and upwards.

Cancer Deaths

Cancer accounted for 520 deaths during the year, the death rate, which is the highest yet reached, being 1.7 per 1,000 of the population. There are now, of course, more people living at ages at which cancer is likely to develop and moreover the advance in diagnostic methods has resulted in the detection of many more cases which would previously have been missed, but which are now classified as cancer in the death returns. It may, therefore, be that the increased incidence as shown in the Annual Statistics is more apparent than real.

Deaths from Tuberculosis

Deaths registered in 1948 as attributed to tuberculosis of the respiratory system numbered 75, or 18 less than in 1947, which is equivalent to a death rate of 0.22. There were, in addition, 16 deaths due to other forms of tuberculosis, which is 5 less than last year. The death rate for all forms of the disease was 0.30, the lowest yet recorded.

Deaths from Certain of the Infectious Diseases

It is satisfactory to be able to record for the second year in succession that there has been no death in the County from scarlet fever or diphtheria.

It is three years since there was a death from typhoid fever. Acute Polio-Myelitis (Infantile Paralysis) contributed one death as against 11 during the epidemic of 1947.

There were 3 deaths from Measles and 15 from Whooping Cough, all in children under 5 years of age.

Infant Mortality

Deaths of infants under the age of one year, registered in the County, numbers 192, a decrease of 58 over the previous year. This is equivalent to an infant mortality rate of 34 per 1,000 live births as compared with a rate of 40 for 1947 and 32 for 1946, which was a low level record for the County. The deaths include 60 from conditions associated with birth congenital malformation, birth injury and infant diseases; 56 from prematurity, 32 from pneumonia, 15 from diarrhoea and 11 from whooping cough.

Of the infant deaths reported in the County during the year, 46% occurred in the first week of life, 17% between the first and the fourth week, and 37% between one and twelve months.

In newly-born infants, the principal cause of death is prematurity. Forty-six per cent. of the fatalities in the first week of life are due to this condition. Congenital defects and birth injuries together contribute 26% of the deaths in this age group.

In the case of older infants—that is, those between the age of one week and one month, the highest mortality occurs from respiratory diseases, which contribute 22.9% of the total deaths. Prematurity and Congenital defects come next, each with 17.1%.

Between the ages of one month and one year, the respiratory diseases are outstanding as a cause of death, being responsible for 55% of the total. Next in order of importance is gastric enteritis, to which 15.5% of the deaths are attributed.

The foregoing figures do not differ very materially from those of the Country as a whole. The infant mortality rate is now half what it was a quarter of a century ago, but there has been little diminution in the number of deaths from prematurity and congenital defects. Twenty-five years ago these conditions contributed 28 per 1,000 births as compared with 22 for the year under review.

Maternal Mortality

There were 10 maternal deaths reported during the year, two of which were due to sepsis and 8 to other conditions associated with pregnancy and childbirth. The rate per 1,000 births is 0.15 higher than last year, and is 0.72 higher than the rate for England and Wales.

Every maternal death occurring in the Administrative County is investigated by a medical officer on the council's staff, and a report giving the circumstances of each fatality forwarded to the Ministry of Health.

Of the total deaths, 8 occurred in hospital and 2 at the patients' own home.

In three instances the patient was suffering from serious disease unconnected with pregnancy.

Live Births, 1948

Districts	Total Births	Legitimate		Illegitimate		Birth Rate per 1,000 population
		Male	Female	Male	Female	
URBAN						
Alford ...	38	18	19	1	—	16.89
Barton-on-Humber	96	46	45	4	1	16.10
Brigg ...	109	60	45	2	2	23.64
Cleethorpes Borough	590	285	279	11	15	20.46
Gainsborough ...	315	165	131	14	5	18.26
Horn castle	57	27	25	3	2	14.79
Louth Borough ...	210	95	105	8	2	18.63
Mablethorpe &						
Sutton ...	99	49	41	5	4	18.12
Market Rasen ...	44	20	22	—	2	19.53
Scunthorpe Borough	1088	536	488	33	31	21.29
Skegness ...	204	90	91	15	8	16.37
Woodhall Spa ...	17	5	11	1	—	9.35
Aggregate Urban Districts ...	2867	1396	1302	97	72	19.62
RURAL						
Caistor ...	217	101	101	10	5	17.46
Gainsborough ...	242	123	108	6	5	22.16
Glanford Brigg ...	665	334	288	25	18	20.48
Grimsby ...	217	97	111	5	4	18.17
Horn castle	211	98	99	10	4	18.35
Isle of Axholme ...	255	129	100	16	10	18.59
Louth ...	361	171	169	13	8	21.24
Spilsby ...	404	192	178	17	17	16.88
Welton ...	297	145	137	8	7	21.60
Aggregate Rural Districts ...	2869	1390	1291	110	78	19.43
Whole County ...	5736	2786	2593	207	150	19.46

Still-Births, 1948

Districts	Total	Legitimate		Illegitimate		Rate per 1000 total births
		Male	Female	Male	Female	
URBAN						
Alford ...	4	1	3	—	—	95.24
Barton-on-Humber	1	—	—	—	1	10.31
Brigg ...	3	1	1	1	—	27.27
Cleethorpes Borough	11	5	4	2	—	18.30
Gainsborough	6	2	3	—	1	18.69
Horncastle	1	—	1	—	—	17.24
Louth Borough	6	3	3	—	—	27.77
Mablethorpe and Sutton	1	1	—	—	—	10.00
Market Rasen	—	—	—	—	—	0.00
Scunthorpe Borough	14	9	4	1	—	12.70
Skegness	10	5	5	—	—	46.73
Woodhall Spa	—	—	—	—	—	0.00
Aggregate Urban Districts ...	57	27	24	4	2	19.49
RURAL						
Caistor ...	3	2	—	—	1	13.64
Gainsborough	10	4	6	—	—	39.68
Glanford Brigg	8	5	3	—	—	11.89
Grimsby	3	2	1	—	—	13.64
Horncastle	6	4	2	—	—	27.65
Isle of Axholme	4	3	1	—	—	15.44
Louth ...	11	6	4	—	1	29.57
Spilsby ...	17	10	7	—	—	40.38
Welton ...	7	4	3	—	—	23.03
Aggregate Rural Districts ...	69	40	27	—	2	23.48
Whole County	126	67	51	4	4	21.49

**Table showing the Birth Rate in the Administrative County
and in England and Wales for the years 1918-1948**

Year	Urban Districts		Rural Districts		Administrative County		Rate per 1000 population in England and Wales
	No. of Births	Rate per 1000 population	No. of Births	Rate per 1000 population	No. of Births	Rate per 1000 population	
1918	2001	18.6	2824	19.26	4825	19.25	17.7
1919	2057	18.77	2667	19.33	4724	19.08	18.5
1920	3045	26.22	3211	24.51	6256	25.72	25.5
1921	2876	24.54	3038	22.46	5914	24.22	22.4
1922	2590	21.86	2798	20.49	5379	21.13	20.6
1923	2461	20.61	2760	20.1	5221	20.33	19.7
1924	2363	19.65	2771	19.83	5134	19.75	18.8
1925	2294	18.7	2609	18.9	4903	18.83	18.3
1926	2222	17.77	2600	19.03	4822	18.43	17.8
1927	2076	16.46	2498	18.3	4574	17.41	16.7
1928	2114	16.98	2493	18.51	4607	17.77	16.7
1929	2099	16.75	2387	17.85	4486	17.32	16.3
1930	2185	17.43	2310	17.27	4495	17.35	16.3
1931	2052	16.12	2275	16.94	4327	16.54	15.8
1932	2020	15.57	2237	16.56	4257	16.08	15.3
1933	1911	14.68	2126	15.69	4037	15.19	14.4
1934	2002	15.25	2120	15.64	4122	15.45	14.8
1935	2129	16.08	2139	15.78	4268	15.93	14.7
1936	1967	15.27	2217	15.75	4184	15.53	14.8
1937	2053	15.78	2193	15.6	4246	15.68	14.9
1938	2098	15.94	2198	15.63	4296	15.78	15.1
1939	2157	16.20	2208	15.47	4365	15.82	15.0
1940	2177	16.34	2209	15.76	4386	16.05	14.6
1941	2269	17.31	2421	17.22	4690	17.26	14.2
1942	2432	18.86	2411	17.49	4843	18.16	15.8
1943	2544	19.69	2550	18.46	5094	19.06	16.5
1944	2822	21.78	2753	20.19	5575	20.96	17.6
1945	2598	19.89	2493	18.38	5091	19.12	16.1
1946	2931	20.84	2789	19.81	5720	20.32	19.1
1947	3211	22.23	3034	21.03	6245	21.63	20.5
1948	2867	19.62	2869	19.43	5736	19.46	17.9

Deaths and Death Rates in Urban and Rural Districts—1948

District	Deaths			Crude Death Rate per 1000 population
	Male	Female	Total	
URBAN				
Alford	12	20	32	14.22
Barton-on-Humber	41	43	84	14.09
Brigg	28	26	54	11.71
Cleethorpes Borough	153	134	287	9.95
Gainsborough	117	106	223	12.94
Horncastle	21	15	36	9.34
Louth Borough	78	85	163	14.46
Mablethorpe and Sutton	35	38	73	13.36
Market Rasen	17	18	35	15.53
Scunthorpe Borough	244	187	431	8.43
Skegness	74	75	149	11.96
Woodhall Spa	16	15	31	17.07
Aggregate Urban Districts	836	762	1598	10.86
RURAL				
Caistor	70	61	131	10.54
Gainsborough	63	56	119	10.89
Glanford Brigg	189	155	344	10.59
Grimsby	58	55	113	9.46
Horncastle	78	64	142	12.35
Isle of Axholme	84	62	146	10.64
Louth	109	124	233	13.71
Spilsby	142	126	268	11.19
Welton	90	64	154	11.20
Aggregate Rural Districts	883	767	1650	11.17
Whole County	1719	1529	3248	11.02

Causes of all Deaths in the County at Different ages—1948

Causes of Death	0-	1-	5-	15-	45-	65 & over	Total
1. Typhoid and Paratyphoid Fevers	—	—	—	—	—	—	—
2. Cerebro Spinal Fever	—	1	—	—	—	—	1
3. Scarlet Fever	—	—	—	—	—	—	—
4. Whooping Cough	11	4	—	—	—	—	15
5. Diphtheria	—	—	—	—	—	—	—
6. Tuberculosis of the Respiratory System	—	—	1	47	21	6	75
7. Other forms of Tuberculosis	—	3	3	7	1	2	16
8. Syphilitic Disease	—	—	—	—	2	6	8
9. Influenza	—	—	—	—	3	3	6
10. Measles	—	3	—	—	—	—	3
11. Ac. Polio-Myel. and Polio-Encephalitis	—	—	—	1	—	—	1
12. Ac. Inf. Encephalitis	—	—	—	1	—	—	1
13. Cancer of Buc. Cav. and Oesoph. Uterus	—	—	—	2	24	41	67
14. Cancer of Stomach, Duodenum	—	—	—	1	23	64	88
15. Cancer of Breast	—	—	—	6	24	20	50
16. Cancer of all other Sites	—	1	—	18	104	192	315
17. Diabetes	—	—	1	4	5	26	36
18. Intra-Cranial Vascular Lesions	—	—	—	11	68	324	403
19. Heart Disease	—	—	—	15	173	730	918
20. Other Dis. of Circ. System	1	—	—	2	10	113	126
21. Bronchitis	1	5	—	4	22	108	140
22. Pneumonia	32	5	1	7	18	44	107
23. Other Respiratory Diseases	1	—	—	4	13	29	47
24. Ulcer of Stomach, Duodenum	—	—	—	5	10	6	21
25. Diarrhoea,	15	1	—	—	—	—	16
26. Appendicitis	—	—	1	2	1	4	8
27. Other Digestive Diseases	1	—	3	11	20	52	87
28. Nephritis	—	1	—	12	17	46	76
29. Puerperal & Post-Abort. Sepsis	—	—	—	2	—	—	2
30. Other Maternal Causes	—	—	—	7	1	—	8
31. Premature Birth	54	—	—	—	—	—	54
32. Con. Mal. Birth Inj. Infant Disease	60	7	1	5	1	—	74
33. Suicide	—	—	—	11	7	11	29
34. Road Traffic Accidents	—	3	2	8	9	7	29
35. Other Violent Causes	4	8	4	17	10	29	72
36. All other Causes	12	8	3	26	49	251	349
Total	192	50	20	236	636	2114	3248

Causes of Death in each District in the County at all Ages—1948

Deaths and Death Rates (all causes), 1918-1948

Year	Borough and Urban Districts		Rural Districts		Administrative County		Death Rate per 1000 population for England and Wales
	No. of Deaths	Rate per 1000 populat'n	No. of Deaths	Rate per 1000 populat'n	No. of Deaths	Rate per 1000 populat'n	
1918	1646	17.14	2142	15.60	3788	16.70	17.6
1919	1441	13.69	1868	14.11	3309	13.92	13.7
1920	1478	12.73	1627	12.42	3105	12.56	12.4
1921	1353	11.54	1628	12.37	2981	11.81	12.1
1922	1525	12.87	1753	12.88	3278	12.88	12.8
1923	1336	11.19	1609	11.72	2945	11.47	11.6
1924	1430	11.89	1648	11.79	3078	11.84	12.2
1925	1345	11.99	1629	11.79	2974	11.41	12.2
1926	1324	10.59	1634	11.96	2958	11.31	11.6
1927	1522	12.07	1777	13.02	3299	12.56	12.3
1928	1258	10.11	1468	10.89	2726	10.51	11.7
1929	1620	12.92	1751	13.09	3371	13.01	13.4
1930	1445	11.53	1606	12.01	3051	11.77	11.4
1931	1559	12.24	1632	12.15	3191	12.19	12.3
1932	1535	11.83	1774	13.14	3309	12.50	12.0
1933	1559	11.97	1652	12.19	3211	12.09	12.3
1934	1441	10.97	1604	11.86	3045	11.41	11.8
1935	1500	11.32	1594	11.76	3094	11.55	11.7
1936	1509	11.71	1743	12.39	3252	12.07	12.1
1937	1565	12.02	2193	12.16	3276	12.10	12.4
1938	1567	11.91	1627	11.57	3194	11.73	11.6
1939	1571	11.68	1761	12.28	3332	12.01	12.1
1940	1721	12.92	1796	12.81	3517	12.86	14.3
1941	1598	12.19	1718	12.22	3316	12.21	12.9
1942	1540	11.94	1634	11.85	3174	11.90	11.6
1943	1585	12.26	1680	12.16	3265	12.21	12.1
1944	1488	11.48	1623	11.90	3111	11.70	11.6
1945	1551	11.87	1640	12.09	3191	11.98	11.4
1946	1600	11.38	1679	11.65	3279	11.65	11.5
1947	1725	11.94	1722	11.94	3447	11.94	12.0
1948	1598	10.86	1650	11.17	3248	11.02	10.8

Deaths from Heart Disease, 1927-48

Year	ADMINISTRATIVE COUNTY					
	Number of Deaths			Death Rate per 1000 of the Population		
	Boroughs and Urban Districts	Rural Districts	County	Boroughs and Urban Districts	Rural Districts	County
1927	202	269	471	1.60	1.97	1.79
1928	204	267	471	1.63	1.98	1.81
1929	244	317	561	1.94	2.36	2.16
1930	271	339	610	2.10	2.50	2.30
1931	271	347	618	2.13	2.58	2.36
1932	298	383	681	2.29	2.83	2.57
1933	301	339	640	2.31	2.50	2.41
1934	313	360	673	2.38	2.65	2.52
1935	344	399	743	2.60	2.94	2.77
1936	348	480	828	2.63	3.54	3.09
1937	350	440	790	2.69	3.13	2.92
1938	416	430	846	3.16	3.06	3.11
1939	417	466	883	3.10	3.25	3.17
1940	386	457	843	2.89	3.26	3.08
1941	376	412	788	2.86	2.93	2.90
1942	347	387	734	2.69	2.80	2.75
1943	375	427	802	2.89	3.09	2.99
1944	367	416	783	2.83	3.05	2.94
1945	396	475	871	3.03	3.50	3.27
1946	441	484	925	3.13	3.43	3.28
1947	430	485	915	2.97	3.36	3.17
1948	421	497	918	2.86	3.36	3.11

Deaths from Cancer, 1927-48

Year	Administrative County					
	Number of Deaths			Death Rate per 1,000 of the Population		
	Boroughs and Urban Districts	Rural Districts	County	Boroughs and Urban Districts	Rural Districts	County
1927	184	188	372	1.46	1.37	1.41
1928	162	188	350	1.30	1.39	1.35
1929	193	183	376	1.54	1.36	1.45
1930	196	217	413	1.56	1.62	1.59
1931	167	178	345	1.32	1.32	1.32
1932	211	220	431	1.62	1.63	1.62
1933	186	216	402	1.43	1.59	1.51
1934	219	220	439	1.65	1.62	1.64
1935	208	223	431	1.54	1.64	1.60
1936	209	217	426	1.62	1.54	1.58
1937	207	223	430	1.59	1.59	1.59
1938	199	236	435	1.51	1.68	1.60
1939	232	229	461	1.73	1.59	1.65
1940	222	230	452	1.66	1.64	1.65
1941	223	242	465	1.70	1.72	1.71
1942	253	228	481	1.96	1.65	1.80
1943	213	253	466	1.65	1.83	1.74
1944	212	245	457	1.63	1.79	1.71
1945	248	242	490	1.89	1.79	1.84
1946	267	232	499	1.90	1.64	1.77
1947	225	249	474	1.55	1.72	1.64
1948	249	271	520	1.69	1.83	1.76

Age Distribution of Cancer Deaths, 1927-48

Year	Under 1 year	1—	5—	15—	45—	65 and over	Total
1927	—	—	—	28	142	202	372
1928	—	2	1	21	133	193	350
1929	—	1	2	23	126	224	376
1930	—	—	1	25	161	226	413
1931	—	1	—	17	141	186	345
1932	—	—	1	23	163	244	431
1933	1	—	—	21	153	227	402
1934	—	1	1	23	166	248	449
1935	—	1	1	27	173	229	431
1936	—	1	1	31	163	230	426
1937	1	—	1	19	164	245	430
1938	—	—	2	37	171	225	435
1939	—	1	1	28	162	269	461
1940	—	—	—	34	157	261	452
1941	—	1	—	31	171	262	465
1942	—	1	—	25	175	280	481
1943	—	1	1	36	151	277	466
1944	—	1	—	35	164	257	457
1945	—	1	1	40	176	272	490
1946	—	—	2	30	180	287	499
1947	—	1	—	31	154	288	474
1948	—	1	—	27	175	317	520

Deaths from Tuberculosis, 1930-1948

ADMINISTRATIVE COUNTY						
Year	Number of Deaths			Death Rate per 1000 of the Population		
	Boroughs and Urban Districts	Rural Districts	County	Boroughs and Urban Districts	Rural Districts	County
1930	117	110	227	.93	.81	.87
1931	134	64	198	1.05	.47	.75
1932	125	107	232	1.04	.78	.87
1933	121	80	201	.93	.59	.75
1934	108	79	187	.82	.58	.70
1935	99	80	179	.74	.58	.67
1936	85	75	160	.66	.53	.58
1937	100	75	175	.77	.53	.65
1938	84	61	145	.64	.43	.53
1939	76	65	141	.56	.45	.51
1940	91	76	167	.68	.54	.61
1941	82	74	156	.62	.52	.57
1942	52	60	112	.40	.43	.41
1943	75	64	139	.58	.46	.52
1944	70	51	121	.54	.37	.45
1945	60	42	102	.45	.31	.38
1946	78	50	128	.55	.35	.45
1947	72	43	115	.49	.29	.39
1948	45	46	91	.31	.31	.31

Age and Sex Distribution of Deaths from Tuberculosis, 1948

		AGE AND SEX													
		Under 1 year		1—5		5—15		15—45		45—65		65 and over		All ages	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F
Respiratory Tuberculosis	...														
Boroughs and Urban Districts	...	—	—	—	—	—	—	13	11	7	3	1	1	21	15
Rural Districts	...	—	—	—	—	—	1	13	10	8	3	1	3	22	17
Total	—	—	—	—	—	1	26	21	15	6	2	4	43	32
Other Forms of Tuberculosis	...														
Boroughs and Urban Districts	...	—	—	—	—	—	2	4	2	—	—	1	—	5	4
Rural Districts	...	—	—	1	2	—	1	—	1	1	—	1	—	3	4
Total...	...	—	—	1	2	—	3	4	3	1	—	2	—	8	8
Grand Total	...	—	—	1	2	—	4	30	24	16	6	4	4	51	40

Infant Mortality Rates for the County compared with those for England and Wales, 1900-1948

Years	No. of infant deaths per 1000 live births registered			
	Boroughs and Urban Districts	Rural Districts	Administrative County	England & Wales
1900-09	127	104	115	132
1910-19	105	87	96	103
1920-29	70	62	66	74
1930	54	51	52	60
1931	73	50	61	66
1932	61	57	59	65
1933	52	53	52	64
1934	59	59	59	59
1935	52	39	46	57
1936	52	50	51	59
1937	49	50	49	58
1938	48	51	50	53
1939	43	52	47	50
1940	58	46	52	55
1941	44	49	47	59
1942	43	39	41	49
1943	49	43	46	49
1944	39	45	42	46
1945	40	36	38	46
1946	32	32	32	43
1947	39	40	40	41
1948	36	31	34	34

Maternal Mortality Rates for the Administrative County compared with those for England and Wales, 1943-1948

Year	Puerperal & post-abortive sepsis		Other maternal causes		Total		Mortality Rate per 1000 births* England and Wales
	No. of Deaths	Rate per 1000 Births*	No. of Deaths	Rate per 1000 Births*	No. of Deaths	Rate per 1000 Births*	
1943	4	.76	7	1.34	11	2.10	2.29
1944	2	.35	12	2.09	14	2.44	1.93
1945	3	.57	6	1.13	9	1.70	1.79
1946	1	.17	10	1.70	11	1.87	1.43
1947	1	.16	8	1.41	9	1.57	1.17
1948	2	.34	8	1.36	10	1.70	1.02

*Includes Still-births.

The year 1948 has witnessed the coming into operation of the National Health Service Act, the National Assistance Act and the Children Act, all of which have an important bearing on the health function of the County Council.

National Health Service Act, 1946

Under this Act, the regional hospital board became responsible for the hospital services hitherto administered by the County Council, as well as for the treatment of tuberculosis and venereal diseases. This involved the transfer to the Board of the County Infirmarys at Louth and Brigg, the Brumby Isolation Hospital, the Branston Sanatorium and the Maternity Homes at Cleethorpes, Gainsborough and Scunthorpe.

The Mental Institutions at Bracebridge and Harmston, and the Cancer Centre at Scunthorpe, in which the County Council was jointly interested with neighbouring authorities, also passed to the Board.

The Act, on the other hand, has placed on the Council the responsibility for the care of mothers and young children, health visiting, home nursing, midwifery, the ambulance service, the prevention of illness, care and after-care, health centres, the domestic help service and the ascertainment, certification and supervision in their own homes of the mentally deficient and the mentally sick.

The National Assistance Act, 1948

This Act, amongst other things, empowers the Council to make arrangements for promoting the welfare of persons who are blind, deaf and dumb, or who suffer from such other disabilities as may be prescribed. The provision of this service in respect of the classes of persons mentioned is obligatory only by direction of the Minister of Health. Such direction has already been issued in respect of blind persons.

The Children Act, 1948

The Children Act makes the Council responsible, through a special committee, for the care and welfare of deprived children. This committee, known as the Children Committee, is now responsible for the discharge of the Council's functions under this Act, the Adoption of Children Act, under Parts III and IV of the Children and Young Persons Act, 1933, and for carrying out the provisions in Part VII of the Public Health Act, 1936, relating to child life protection, which had previously been the responsibility of the Maternity and Child Welfare Committee.

The change-over under these enactments from the old order to the new is proceeding, but much still remains to be done to co-ordinate the different branches of the Council's own health functions and to integrate them with the services of the hospital board and local executive council.

The Services for which the County Council is responsible under the National Health Act are now administered by one committee—the Health Committee—which replaces the Public Health, Maternity and Child Welfare and Mental Deficiency Acts Committees. The County has been divided into five areas, each with a population of between 50,000 and 70,000. A divisional Committee, consisting of members of the Health Committee and members of District Councils has been set up in each area, and will be responsible to the Health Committee for the operation of the Council's approved health schemes.

The Council has decided to carry out the duties imposed on it under Sec. 29 of the National Assistance Act, through the Health Committee, which means that this Committee is responsible for the welfare of the blind, and will also be responsible for the deaf and dumb and other disabled persons if and when welfare schemes for these categories are brought into operation. The same committee is also responsible for health functions for which the Council is responsible under other enactments. These include functions relating to Food and Drugs, Milk, Water Supplies, Sewage Disposal, Housing, Infectious Diseases, Nursing Homes and the Supervision of Midwives under the Midwives' Acts.

Not all the Council's health services for which schemes have been approved are in full operation. The Domestic Help Service, although steady progress is being made, does not yet cover the whole of the County.

The Infant Welfare, Dental, Health Visiting and Mental Health Services are much curtailed owing to shortage of staff. For the same reason the Home Nursing and Midwifery Services, which were taken over from the District Nursing Associations on the appointed day, are being maintained only with difficulty.

A start has still to be made with the provision of health centres, and in this connection health authorities are not being asked, at present, to submit their schemes for the approval of the Minister of Health.

An adequate scheme for the care of blind persons was administered by the old Public Health and Housing Committee, and is being continued.

The future arrangements for promoting the welfare of the deaf and dumb and other disabled persons are under consideration.

SANITARY CIRCUMSTANCES OF THE AREA

SANITARY INSPECTION. It is apparent that there is no improvement in the speed with which housing repairs are carried out, both labour and materials still causing difficulties. Certain it is that this failure will considerably shorten the life of many houses. If there was a prospect of a real drive in the erection of new houses, the early decay of houses, lacking the amenities now regarded as essentials, would

not occasion so much concern as is now felt. The rise in costs of housing repairs, coupled with the small increase in rent allowed in controlled houses, discourages landlords from carrying out maintenance work which cannot be enforced by local authorities, and yet which is so important in preserving the fabric of a house. Despite this, repairs were carried out in 2,327 houses in the county during 1948.

The conversion of former service camps into temporary accommodation has nearly ceased, mainly because the most urgent needs that can be met in this way have been catered for, but in some places squatters have been a source of trouble. In the main, they are not the best type of tenant, and their influence has been felt not only in the camps, but in the schools which their children attend.

The total number of new houses built during the year was 1,995, an increase over 1947. Of these, 1,717 were built by local authorities and 278 by private enterprise, a ratio to some extent controlled by the issue of permits to build.

In the absence of a detailed yearly survey, it is impossible to present accurate statistics in connection with overcrowding, but it is known that, despite relieving 129 cases, there are still 144 houses involving 191 families, or 1,081 persons, which are overcrowded according to the existing legal standard. This standard was formulated in 1935 and has been the subject of much criticism, inasmuch as living rooms are taken into consideration when assessing the permitted number of occupants.

SCAVENGING. The trend in rural districts is to establish a direct labour system of refuse collection and disposal covering all parishes and is much to be desired. With the contract system it was impossible to obtain contractors for some parishes, and entailed the establishment of many dumps. More efficient grouping and control is effected when the work is carried out by the district councils. No activity of a council is without troubles and the collection of refuse, so easily disrupted by weather breakdowns and holidays, is carried out efficiently and without major complaints throughout the county. Especially pleasing is the low-loading covered type of vehicle now in general use, a contrast to the old open cart of former years which engendered pride in neither appearance nor operation.

SEWERAGE AND SEWAGE DISPOSAL. Apart from maintenance no substantial alterations or extensions have been carried out. At Woodhall Spa the tanks originally planned and used as contact beds have been cleared, refloored and utilised as sedimentation tanks with floating arms. This has been needed for several years.

Only one sewerage scheme for a rural parish was actually commenced although proposed schemes cover the whole county. The rise in costs, even in schemes which were first submitted in 1947 will rule out the possibility of completion for years; it may cause rural councils to reconsider the present system of sewerage all rural parishes on urban standards and revert to a more rural type of sewage disposal

under certain circumstances. This can be done without a nuisance arising or danger to water gathering grounds but each case will have to be carefully considered.

WATER SUPPLIES. With one exception, the supply in all urban areas can be regarded as satisfactory both in quality and quantity, but at Market Rasen the supply is intermittent owing to poor pressure. In this case, the mains are old and too small to meet the increasing demand; it is hoped that a solution to this problem will soon be found. There are still too many houses served by a standpipe in the yard and not provided with a tap over a sink inside the house.

In the rural areas there are some places where the lack of a good supply occasions great concern, yet, viewing the present position as compared with that of fifteen years ago, one is struck by the tremendous improvement. There is no doubt that the schemes completed in the years 1935–1939 not only formed a good basis for a more comprehensive supply, but afforded the necessary experience by which district councils could confidently extend their schemes on an economic basis.

There is still a vast amount of work to be carried out to complete the proposals, it will probably take fifteen to twenty years, yet the new mains laid during the year under review are a reassurance that the job is at last being tackled, that the rustle of plans and forms has some background music of running water.

FACTORIES AND WORKSHOPS. The duty of supervising and ensuring certain provisions as to health in factories, etc., is placed upon local authorities, and there are 1,061 such places in the county which are registered. During the year 1,257 inspections were carried out, and in 62 cases defects or omissions were remedied as a result.

INSPECTION AND SUPERVISION OF FOOD

MEAT INSPECTION. Seldom is it realised the amount of time spent by Sanitary Inspectors in ensuring a safe meat supply for the people. Not only are shops visited, but in the background is the continual inspection of animals immediately after slaughter. The policy of the Ministry of Food in centralising slaughtering has, apart from the unsuitability of some of the premises chosen, made the work much easier, but in several urban areas it still entails working during a considerable part of from three to five days a week, nearly always extending well into the evening, and often at week ends.

In considering figures given to illustrate the work involved and the constant vigilance exercised, loose conclusions should not be drawn as to the type or condition of animals slaughtered. The standard of inspection is such that any abnormality or indication of disease, whether active or quiescent, requires a decision based primarily on the safeguarding of the consumer. It should also be remembered that many animals slightly injured are now quickly sent for slaughter rather than treated on the farm, thereby losing condition.

Of 6,424 cattle slaughtered, fifteen per cent. were affected by tuberculosis, the corresponding figures for pigs being 2,674 slaughtered and just over eight per cent. so affected. Sheep are seldom affected by tuberculosis, and of 17,112 slaughtered, only two per cent. showed any abnormality, most of these being due to injury or liver infection. Of some importance to the animal husbandry policy of the country is the fact that 2,180 calves were slaughtered. Doubtless many of these could well have been reared to augment the meat supply; possibly lack of facilities and economic incentive is the explanation.

How far the habit of eating horseflesh is growing cannot be stated, but during the year 155 were slaughtered for human consumption and inspected. All these were prime animals, the only blemish being a localised liver infection quite common in horses in 48 cases.

MILK (SPECIAL DESIGNATIONS) REGULATIONS, 1936-1946

It is gratifying to note the increasing interest of milk producers in all aspects of dairy farming as evidenced by the growing number of T.T. producers by the greater attention to breeding and by a fuller appreciation of recording results, not only in respect of quantity, but also of quality. Although a large number of tested animals are still imported into the county an increasing number of animals from well established herds are now becoming available. To assist in this direction a list of all T.T. herds with the breed kept is circulated to each T.T. producer in the County.

During the year 153 Accredited licences and 75 T.T. licences were issued; of the former eight were surrendered mostly on cessation of milk production, and two were refused renewal at the end of the year. Of the latter, three were surrendered and one was revoked.

In all, 509 samples were taken, and of the 135 T.T. samples, 22 or 14% were unsatisfactory, whilst of the 275 Accredited samples, 77 or 21.9% were unsatisfactory. As might be expected, the routine production methods of T.T. producers are of a consistently higher standard than those of Accredited producers, though it should be emphasised that the standard of buildings and equipment required is exactly the same for both types of production.

The practice of tipping milk into an uncovered weighing bucket for the purpose of recording, often in the cowshed itself, is deplored. It is a simple matter to bring pails or unit buckets to the same weight by soldering the required amount of lead under the bottom or to the handle. It is surprising how often the failure of samples to pass the required test can reasonably be attributed to carrying uncovered milk through the cowshed or across a yard to the dairy.

Despite the disadvantages of horning and some feeding difficulties, the covered crewyard and milking parlour, especially with auto recorder fittings, is becoming more popular and it represents the best combination of two opposite aspects of dairying, namely, hygienic milk production and dairy husbandry.

There are nine pasteurising plants licensed by local authorities and subject to routine sampling. During the year 104 samples have been taken, five of which failed the phosphatase test and one the methylene test. In only one case was there "gross errors in pasteurisation"; this was traced to a temporary loss of steam. The quality of fuel has caused concern at times, and particular care has to be exercised in maintaining steam pressure.

FOOD AND DRUGS ACT, 1938

During 1948 the total number of samples taken was 1,422, of which 1,046 were milk and 374 other foods and drugs, with an overall adulteration figure of 6.1%. Of the milk samples, 376 were formal (28 or 7.4% adulterated) and 670 informal (54 or 8.0% adulterated), giving a total adulteration of 7.8%. Other foods found adulterated were egg-substitute powder and junket powder, each from old stock which was subsequently destroyed, sausage meat and meat paste which were the subject of legal proceedings and honey which contained technical invert sugar. The latter case was referred to the Ministry of Food.

In the absence of fine grained Canadian Honey, some firms seed Australian Honey with invert sugar to promote granulation to meet consumer demand. This is not a cheap process, neither does it result in an inferior article.

On reviewing cases of fat deficiency in milk, the majority are due to failure to keep the milk plunged, or, with the two or three cow retail producer, to the habit of starting to sell before the whole of the herd is milked and stripped.

Considering the whole of the milk samples, i.e., including the sub-standard milks, it is found that the average fat content was 3.547% as against 3.537% for 1947, while the non-fatty solids averaged 8.928% as against 8.868% for 1947. It is generally found that retail producers who have a day to day contact with the housewife, with its increased possibility of complaint, tend to be more discriminating in the cows they keep and produce a good quality milk. Excluding such samples, it is found that the bulk milks had an average milk fat content of 3.459% and non-fatty solids 8.913%.

Allowing for compositional variations in the milk of individual cows, these figures suggest that the presumptive standard of 3.0% fat and 8.5% non-fatty solids might well become a legal or arbitrary standard without undue hardship.

Owing to the abnormal weather in the early part of 1947 it is difficult and maybe unfair to compare the monthly averages of that year with those of 1948, but it would seem that the policy of autumn calving is increasing both quantity and quality in November and December.

**AVERAGES OF FAT AND NON-FATTY SOLIDS IN MILK SAMPLES
TAKEN DURING THE YEAR 1948**

	Total	Adulterated		Milk Fats %		Non-Fatty Solids %	
	No. Taken	Fats	Solids	Average of all Samples	Average less Adulter- ated	Average of all Samples	Average less Adulter- ated
January ...	121	11	2	3.497	3.588	8.897	8.935
February ...	82	8	4	3.393	3.466	8.833	8.927
March ...	117	3	2	3.474	3.492	8.869	8.880
April ...	114	14	2	3.510	3.634	8.935	8.952
May ...	88	12	—	3.259	3.350	8.949	8.949
June ...	50	1	—	3.599	3.614	9.004	9.004
July ...	117	4	—	3.479	3.503	8.940	8.940
August ...	101	5	—	3.432	3.467	8.884	8.884
September ...	62	5	1	3.568	3.631	9.058	9.071
October ...	89	2	—	3.736	3.756	8.970	8.970
November ...	53	1	2	3.772	3.803	8.908	8.947
December ...	82	—	—	4.091	4.091	8.999	8.999
Annual Averages, 1948 ...	1076	66	13	3.547	3.604	8.928	8.946

**REPORT ON LEGAL PROCEEDINGS TAKEN UNDER
THE FOOD AND DRUGS ACT, 1938, DURING 1948**

<i>No. of Sample</i>	<i>Nature of Sample</i>	<i>Nature of Report</i>	<i>Result of Action</i>
21	Milk	... Deficient in milk fat 17%	... Case dismissed
97	Milk	... Deficient in milk fat 10%	... Case dismissed
98	Milk	... Deficient in milk fat 12%	... Case dismissed
101	Milk	... Extraneous Water 6%	... Case dismissed on payment of £2/6/0 costs
102	Milk	... Extraneous Water 38%	... Fined £10. £2/2/0 costs
185	Milk	... Extraneous Water 4%	... Case dismissed
196	Milk	... Extraneous Water 40%	... Fined £5. £2/2/0 costs.
210	Milk	... Extraneous Water 3%	... Case dismissed
268	Milk	... Extraneous Water 23%	... Fined £5. £2/2/0 costs
510	Milk	... Deficient in milk fat 21%	... Fined £2. £1/1/0 costs
514	Milk	... Extraneous Water 4%	... Fined 9/-. £1/1/0 costs
516	Milk	... Extraneous Water 6%	... Fined 9/-. £1/1/0 costs
626	Milk	... Deficient in milk fat 13%	... Case dismissed
627	Milk	... Deficient in milk fat 8%	... Case dismissed
628	Milk	... Deficient in milk fat 16%	... Case dismissed
640	Milk	... Deficient in milk fat 4%	... Case dismissed
641	Milk	... Deficient in milk fat 6%	... Case dismissed
644	Milk	... Deficient in milk fat 12%	... Case dismissed
940	Milk	... Deficient in milk fat 14%	... Fined £2. £1/1/0 costs
1117	Sausage Meat	Deficient in meat content 23%	Case dismissed on payment of £1/5/0 costs
1391	Meat Paste	... Deficient in meat content 35%	Fined £10

INFECTIOUS DISEASES

The following table shows the number of cases of infectious diseases notified during 1948:—

Notified Cases of Infectious Diseases in Urban and Rural Districts—1948

SANITARY DISTRICTS	Total number notified	Notified Cases of Infectious Diseases in Urban and Rural Districts—1948																
		Diphtheria and Membraneous Croup	Erysipelas	Scarlet Fever	Typhoid Fever & Paratyphoid	Puerperal Pyrexia	Respiratory Tuberculosis	Other Tuberculous Diseases	Cerebro-spinal Fever	Ophthalmia Neonatorum	Pneumonia	Poliomyelitis	Dysentery	Polio-encephalitis	Measles	Whooping Cough	Malaria(believed to have been contracted abroad)	Infective Gastro-Enteritis
URBAN—																		
Alford	16	—	—	—	—	—	—	—	—	—	—	—	—	—	—	16	—	
Barton-on-Humber	246	—	1	1	—	—	2	1	—	—	—	—	—	211	—	30	—	
Brigg	177	1	5	3	—	1	5	—	—	—	7	—	—	83	—	72	—	
Cleethorpes Borough	1099	2	17	65	1	—	24	8	1	—	39	—	—	1	708	233	—	
Gainsborough	305	—	2	11	—	1	17	6	2	—	8	—	—	169	—	89	—	
Horncastle	31	—	1	—	—	—	—	4	—	—	1	—	—	8	—	17	—	
Louth Borough	220	1	—	10	—	1	6	3	1	—	1	—	—	1	187	9	—	
Mablethorpe	14	1	—	3	—	—	5	3	—	—	1	—	—	—	—	—	1	—
Market Rasen	67	—	—	1	—	—	—	—	—	—	—	—	—	60	—	6	—	
Scunthorpe Borough	1088	30	8	48	—	7	51	4	—	2	72	—	2	1	609	243	—	
Skegness	69	—	4	16	—	2	16	2	—	—	12	—	—	13	—	4	—	
Woodhall Spa	129	—	—	4	—	—	1	1	—	—	5	—	—	30	—	88	—	
	3461	35	38	162	1	12	127	32	4	2	146	—	2	3	2078	808	—	
																11	—	
RURAL—																		
Glanford Brigg	870	12	7	33	—	1	21	9	—	1	17	—	—	595	173	—	1	
Caistor	196	1	6	5	—	1	8	7	—	1	4	—	—	115	48	—	—	
Gainsborough	176	—	2	13	—	2	6	4	—	1	4	—	—	71	71	2	—	
Grimsby	282	1	4	19	—	—	10	5	—	—	11	—	—	192	39	—	—	
Horncastle	385	—	2	14	—	2	5	3	—	2	13	—	—	221	123	—	—	
Isle of Axholme	59	—	—	9	—	2	7	3	—	—	1	—	—	25	12	—	—	
Louth	329	—	8	8	2	—	12	6	—	—	7	1	—	156	113	16	—	
Spilsby	372	1	6	27	—	2	23	2	—	3	18	2	—	151	137	—	—	
Welton	178	1	1	12	1	1	7	5	1	—	6	1	1	102	39	—	—	
	2847	16	36	140	3	11	99	44	1	8	81	4	1	—	1628	755	18	1
Total for County	6308	51	74	302	4	23	226	76	5	10	227	4	3	3	3706	1563	18	12

Compared with last year, the number of notified cases shows an increase of 2,410, which is almost entirely accounted for by the increasing prevalence of measles and whooping cough.

Diphtheria notifications showed an increase of 10. Of the 51 cases reported, 30 occurred in the Borough of Scunthorpe.

The value of immunisation is apparent if the number of notifications for the five-year period 1933–37, which was prior to the introduction of immunisation, is compared with that for the period 1944–48 during which immunisation has been carried out. In the former the notifications averaged 158 annually; in the latter 59.

As already pointed out in this report, there have been no deaths in the County from diphtheria for two years. The yearly average number of deaths for the period 1933–1937 was 9 as compared with 1 for 1944–1948.

In view of the proved value of immunisation, it is unfortunate that between 25 and 30 per cent. of parents in this County still deny their children the advantage of the protection it affords.

There were 7 cases of Polio-Myelitis and Polio Encephalitis (Infantile Paralysis) notified in 1948 as compared with 75 in the epidemic of 1947.

The number of cases of Pulmonary Tuberculosis notified during the year was 226 or 26 less than in the previous year. In addition, forty-one cases were reported otherwise than by formal notifications. Eighty cases of the non-respiratory forms of the disease were also reported.

The following table shows the number of new cases reported from all sources for the years 1937-1948:—

Year	New Cases reported	
	Respiratory	Non-Respiratory
1937	242	105
1938	264	118
1939	241	118
1940	230	106
1941	198	118
1942	226	106
1943	252	113
1944	253	105
1945	305	104
1946	300	91
1947	311	78
1948	267	80

The tables which follow show the age and sex distribution of the new cases reported during the year.

Summary of Notifications during the period from the 1st January, 1948, to the 31st December, 1948

		Number of Primary Notifications of new cases of Tuberculosis										Formal Notifications			
Age Periods		0-	1-	2-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75 and upwards	Total Cases (all ages)
Respiratory Males	...	—	2	4	11	4	12	18	27	20	12	11	3	1	125
Respiratory Females	—	2	3	5	9	21	13	23	12	3	5	3	101
Non-Respiratory Males	1	2	6	9	6	5	3	—	—	—	1	—	34
Non-Respiratory Females	2	—	5	9	7	6	4	5	2	1	1	—	42

New Cases of Tuberculosis coming to the knowledge of the Medical Officer of Health during the above-mentioned period otherwise than by formal notification

		Age Periods										Total Cases				
Age Periods		0-	1-	2-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75 and upwards		
Respiratory Males	...	—	—	—	—	—	—	—	4	9	4	2	3	1	—	25
Respiratory Females	—	—	—	—	—	—	2	3	6	1	—	2	—	16
Non-respiratory Males	—	—	—	—	—	—	—	—	1	—	—	1	—	2
Non-respiratory Females	—	1	—	—	—	—	—	—	1	—	—	—	—	2

STATISTICS RELATING TO THE WORK OF THE V.D. CLINICS, 1948

	Barton				Gainsborough				Louth				Scunthorpe				Skegness				At Clinics pro- vided by other authorities				
	*S SC G O				S SC G O				S SC G O				S SC G O				S SC G O				S SC G O				
	S	SC	G	O	S	SC	G	O	S	SC	G	O	S	SC	G	O	S	SC	G	O	S	SC	G	O	
1. Number of cases on 1st January under treatment or observation	12	—	1	1	22	—	2	2	18	—	—	2	178	—	17	11	32	—	—	—	—	—	—	—	—
2. Number of cases removed from the register during any previous year which returned during the year under report for treatment or observation of the same infection	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—
3. Number of cases dealt with for the first time during the year under report (exclusive of cases under Item 4)	5	—	4	6	5	—	6	28	3	—	1	8	17	—	34	130	9	—	23	38	33	—	54	135	—
4. Number of cases dealt with for the first time during the year under report known to have received treatment for the same infection, or to have been under observation, at other Centres, or Service Hospitals or by General Practitioners approved under Ministry of Health Circ. 2226	1	—	—	—	1	—	1	—	1	—	—	—	17	—	3	5	8	—	5	2	—	—	—	—	—
5. Number of cases discharged after completion of treatment and final tests of cure or after diagnosis as non-venereal	4	—	3	4	2	—	5	14	—	—	1	8	43	—	22	114	1	—	4	25	—	—	—	—	—
6(a). Number of cases which ceased to attend before completion of treatment and were, on first attendance, suffering from:	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	3	—	—	—	—	—	—	—	—
6(b). Number of cases under treatment or observation which died:	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
From the disease	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
From treatment	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—
From other causes	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7. Number of cases which ceased to attend after completion of treatment but before final tests of cure...	4	—	—	—	—	—	—	1	—	13	—	—	20	—	5	—	—	—	—	4	—	—	—	—	—
8. Number of cases transferred to other Centres, or to institutions, or to care of private practitioners...	—	—	—	—	—	—	—	1	—	—	—	—	20	—	11	1	9	—	4	3	—	—	—	—	—
9. Number of cases remaining under treatment or observation on 31st December	9	—	2	3	25	—	2	16	9	—	—	2	128	—	16	31	36	—	16	12	—	—	—	—	—
10. Number of attendances:	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(a) for individual attention of the medical officer(s)	172	—	18	28	207	—	46	77	43	—	7	14	1365	—	125	511	282	—	90	91	—	—	—	—	—
(b) for intermediate treatment, e.g., irrigation, dressing...	—	—	—	8	12	—	—	—	—	—	—	—	275	—	69	136	24	—	—	4	—	—	—	—	1290
Total Attendances	172	—	18	36	219	—	46	77	43	—	7	14	1640	—	194	647	306	—	90	95	—	—	—	—	—

*S—Syphilis

SC—Soft Chancre

G—Gonorrhoea

O—Other Conditions

VENEREAL DISEASES

Venereal Diseases are not notifiable, and no reliable information is therefore available which would enable their prevalence to be assessed. Their treatment is now the responsibility of the Hospital Board, whose Medical Officers have provided the information relating to cases attending the various clinics serving the administrative county.

ACUTE RHEUMATISM

In 1946 the Rheumatic Fever Committee of the Royal College of Physicians recommended to the Ministry of Health that Acute Rheumatism should be made notifiable in a number of areas in the country where it was thought adequate facilities for the diagnosis and treatment of the disease existed. The Committee thought that notification in these areas over several years might provide valuable information in respect of (a) the trend of the incidence of new cases, (b) the relative incidence of new cases in different areas and in different types of area, (c) association of the disease with genetic factors, (d) association with social and environmental factors.

The Minister of Health, therefore, made the Acute Rheumatism Regulations, 1947, under which the disease is made notifiable when it occurs in a person under the age of 16 years. The regulations apply in five areas, Lindsey, Lincoln, Grimsby, Sheffield and Bristol. The Medical Officer of Health is required, in respect of each notified case, to make such enquiries and take such steps as are necessary or desirable for investigating the source of the disease, for removing conditions harmful to the patient, and for arranging for his treatment. In connection with these investigations, Dr. J. W. Brown, of Grimsby, is responsible for the Clinical Work. The County Almoner deals with the social factor and the County Sanitary Inspector with the housing conditions. The information obtained is forwarded to the Rheumatic Fever Committee. Since the Regulations became operative on the 1st October, 1947, 59 cases have been notified, particulars of which are as follows:—

CLASSIFICATIONS AS REQUIRED FOR ANNUAL RETURN

	1947		1948		Total
	Males	Females	Males	Females	
1. Rheumatic Pains and/or Arthritis without heart disease	1	5	6	9	21
2. Rheumatic Heart Disease (Active)					
(a) with polyarthritis ...	4	2	4	2	12
(b) with chorea ...	1	1	3	1	6
3. Rheumatic Heart Disease (Quiescent)	2	—	1	2	5
4. Rheumatic Chorea (alone)	—	2	2	5	9
5. Congenital Heart Disease	—	—	—	—	—
6. Other Non - Rheumatic Heart Diseases or disorder	1	—	1	—	2
7. Not Rheumatic or Cardiac Disease	—	—	1	3	4
TOTAL	9	10	18	22	59

MIDWIVES ACTS, 1902—36

The County Council continues to be the local supervising authority under the Midwives Acts. During the year, 167 Midwives notified their intentions to practise in the county. Of these, 98 were employed by the County Council at the end of the year as domiciliary midwives, 46 were working in institutions, and 28 were in private practice.

In addition, 8 Midwives notified their intention to practise as Maternity Nurses.

Medical aid was summoned by midwives in 576 domiciliary cases and 334 cases in institutions, making a total of 910 during the year.

Midwives submitted, as they are required to do under the Rules of the Central Midwives Board, notifications in respect of the following:—

Liability to be a source of infection	...	48
Artificial Feeding	...	190
Still Births	...	35
Neo-Natal Deaths	...	7
Maternal Deaths	...	2
“Last Offices”	...	11

The Council's Supervisor made 110 visits of inspection to Midwives during the year. This figure is much less than usual due to the fact that a considerable proportion of the Supervisor's time was, of necessity, given to matters arising in connection with the taking over of the Midwifery and Nursing Services from the District Nursing Associations.

MIDWIFERY

For the purpose of providing a domiciliary Midwifery Service, the County has been divided into 68 districts. In all but two the midwives divide their time between midwifery and district nursing. Altogether 95 midwives, including reliefs, are at present employed. There are 10 at Scunthorpe, 3 at Cleethorpes and 2 in each of the following districts—Gainsborough, Louth, Barton, Horncastle, Market Rasen, Spilsby and Winterton. The remaining 58 districts each have one. In addition, 5 whole-time and 4 part-time midwives were being employed at the end of the year as reliefs. Eleven more midwives, including 10 reliefs, are required to bring the strength up to the establishment provided for in the Approved Scheme.

The midwives employed at Scunthorpe are resident in a modern Nurses' Home, which is also a Part II Training School for midwives and can take 6 pupils. A Superintendent and an Assistant are in charge and are responsible for the supervision of the work of the nurses and midwives and for the training of pupils.

The following table shows the midwifery cases attended by midwives during the year:—

	Period 1st Jan., 1948 to 4th July, 1948		Period 5th July, 1948 to 31st Dec., 1948		Total During the Year
	Domi- ciliary Cases	Cases in Institu- tions	Domi- ciliary Cases	Cases in Institu- tions	
(a) Employed by County Council:—					
As midwives	48	617	571	—	1236
As maternity nurses ...	19	433	529	—	981
(b) Employed by Voluntary Associations:—					
As midwives	677	64	—	—	741
As maternity nurses ...	482	198	—	—	680
(c) Employed by Hospital Management Committees or Boards of Governors under National Health Service Act:—					
As midwives	—	—	—	719	719
As maternity nurses ...	—	—	—	683	683
(d) In private practice:—					
As midwives	42	—	64	—	106
As maternity nurses ...	11	50	11	43	115
TOTALS:—					
As midwives	767	681	635	719	2802
As maternity nurses ...	512	681	540	726	2459

HOME NURSING

As has already been stated, the Council's nurses act in the dual capacity as midwives and district nurses and, therefore, what has been said with reference to the staffing of the midwifery service also applies to home nursing.

When the nursing and midwifery services were taken over from the district nursing associations, it was thought desirable that these bodies should continue where possible as local committees to assist the nurses in the day to day administration, and to act as a link between them and the general public. There are at present 54 such committees in operation.

Figures relating to the work of the district nurses are only available from 5th July, when the Council took over this service from the nursing associations. In the period referred to 2,576 cases were dealt with, including 46,712 home visits by the nurses.

TRANSPORT OF DISTRICT NURSE MIDWIVES

It is the policy of the County Council that, generally speaking, a car should be available in every district for the use of the Nurse. Sixty-two cars are at present in use, 39 of which are owned by the Council and 21 by the nurses themselves. In two districts cars still belong to the District Nursing Association, but the nurses have the use of them. In six districts cycles are used, supplemented by the hire of taxis when this is necessary.

HOUSING OF NURSES AND MIDWIVES

At the end of the year, one Nurse's house was owned and three rented by the County Council. Negotiations were taking place for the purchase or tenancy of ten other properties. Some of these were already being occupied by the nurses, although the tenancies had not been settled. Great difficulty is experienced by nurses in finding suitable accommodation. Houses in the majority of instances are simply not available, and accommodation in rooms is not easy to obtain. It is easy to let rooms these days, but landladies hesitate to choose a nurse as the lodger owing to the disturbance and inconvenience caused by the night bell and telephone, and by callers, and by the often irregular meal hours of the nurse.

HEALTH VISITING

Under the scheme approved by the Minister of Health, the County has been divided into 20 districts for health visiting purposes. The establishment of health visitors is 55, but only 31 are at present available. Approximately 40% of the time of health visitors is devoted to the School Medical Service, the remainder being given chiefly to work in connection with the care of mothers and young children, immunisation and vaccination, supervision of mental defectives, infectious diseases and tuberculosis.

The following is a summary for the year of the work of the health visitors:—

Visits to

School Children ...	...	...	7,552
Expectant Mothers	...	...	922
Infants under 1 year	...	...	29,169
Children aged 1—5 years	...	...	24,290
Tuberculous patients	...	...	767
Mental defectives	...	...	1,137
Boarded-out Children	...	...	669
Infant life protection cases	...	...	244

In addition, the health visitors attend at the School Clinics, Ante-Natal Clinics, Infant Welfare Centres and at Chest Clinics run by the Hospital Board.

CARE OF MOTHERS AND YOUNG CHILDREN

Ante and Post Natal Clinics

Additional Ante and Post Natal Clinics were opened during the year at Lincoln, Epworth and Ashby. This brings the total number of these Clinics up to 14.

Clinic Sessions have been increased from once to twice a week at Scunthorpe, at Skegness from twice to four times a month, and at Brigg and Spilsby from once to twice a month.

Ante and Post Natal cases are seen also at the Infant Welfare Centres when the patient is unable for any reason to attend the nearest clinic.

During the year 1,210 expectant mothers attended for ante natal advice, making a total of 6,627 attendances. The number of patients attending for post natal examination was only 74.

Of the patients attending the ante natal clinics, 270 were referred to hospital for treatment.

The following table gives the times and places of meeting of the Ante-Natal Clinics:—

Place	Address	When Held
Ashby	Collum Lane	Friday, 1st & 3rd in month, 10 a.m.
Barton-on-Humber	50, Holydyke	Tuesday, 2nd & 4th in month, 10 a.m.
Brigg	The Cedars, Bigby Road	Friday, 1st, 3rd & 5th in month, 10 a.m.
Cleethorpes	St. Hugh's Avenue ...	Tuesday, weekly, 9-30 a.m.—4-30 p.m.
Crowle	Women's Institute ...	Wednesday, 3rd in month, 10 a.m.
Epworth	Thurlow Methodist School Rooms	Wednesday, 2nd & 4th in month, 10 a.m.
Gainsborough ...	1, Popplewell's Row, Bridge Street	Thursday, weekly, 10 a.m.
Gainsborough ...	Wood's Terrace ...	Monday, 1st & 3rd in month, 10 a.m.
Horncastle	Rolleston House ...	Tuesday, 1st, 3rd & 5th in month, 10 a.m.
Lincoln	30, Lindum Road ...	Friday, 1st & 3rd in month, 10 a.m.
Louth	32, Queen Street ...	Tuesday, 2nd & 4th in month, 10 a.m.
Market Rasen ...	18, King Street ...	Wednesday, 1st & 3rd in month, 10 a.m.
Scunthorpe	The Clinic, Parkinson Avenue	Thursday, weekly, 10 a.m.
Skegness	The Clinic, Cecil Avenue	Friday, weekly, 10 a.m.
Spilsby	2, West End Villas ...	Wednesday, 2nd & 4th in month, 2 p.m.

Maternity Outfits

Up to the 5th July maternity outfits were supplied on request at cost price. After that date they were provided free. The total number provided during the year was 804, of which 276 were issued between January and July, and 528 between July and the end of the year.

Home Helps

Thirty-five maternity cases, mostly at Cleethorpes, which is the only district with an organised service, were provided with home helps during the year.

Gas and Air Analgesia

At the end of the year 34 of the domiciliary midwives employed by the County Council were qualified to administer gas and air analgesia to women in labour, and during the year 188 women had this form of analgesia administered to them in their own homes.

Arrangements have been made for as many as possible of the midwives not yet qualified to administer analgesia to attend courses of instruction during the coming year, with a view to their obtaining the necessary certificate. One of the difficulties in this connection is to find reliefs to act for the midwives during the time they are absent from their districts.

Admission to Maternity Homes

Hospital Management Committees refer to the County Medical Officer cases seeking admission to maternity homes on the grounds that the home conditions are not suitable or convenient for the confinement to take place there.

Sixty-two cases so referred were investigated and reported on during the year.

INFANT WELFARE

Notification of Births

There were 5,471 births notified during the year under Section 203 of the Public Health Act, 1936, as compared with 5,781 in the previous year.

Home Visits

Birth notifications are forwarded to the Health Visitors who visit each new-born baby as soon as possible after the midwife has ceased to attend. It has been the aim of the Health Visitor to make 10 home visits during the first year of the child's life, but now, largely to shortage of Health Visitors, little more than half that number has been made. The value of the home visits as part of the machine for the promotion of infant welfare can hardly be over-estimated and it is unfortunate that there has been a gradual falling-off in the number of visits it has been possible to make.

Infant Welfare Centres

The Council's Infant Welfare Service has been considerably extended during the year by the appointment of two additional Maternity and Child Welfare Medical Officers, by the opening of a number of additional Welfare Centres, and by increasing the number of sessions at the existing centres.

The main changes are as follows:—

- (1) *Wainfleet* previously an infant weighing centre has now become an Infant Welfare centre, with a Medical Officer in attendance twice per month.
- (2) *Friskney*. A similar change has been made here.
- (3) *Burton Stather*. A new Infant Welfare centre has been opened here. The Doctor attends monthly.
- (4) *Coningsby*. A new Infant Welfare centre and school clinic has been opened at Coningsby. The Medical Officer attends the Welfare centre twice per month.
- (5) *North Kelsey*. This clinic has been removed to the school where more adequate accommodation is available.
- (6) *Woods Terrace, Gainsborough*. A new Infant Welfare clinic has been established at Woods Terrace. The Medical Officer attends the sessions twice weekly. This is a flourishing clinic, and has a Toddler's clinic and an Ante-Natal clinic in addition.
- (7) *Goxhill*. A new clinic has been established at Goxhill, where the Medical Officer attends twice monthly.
- (8) *Immingham*. A new centre has been built at Immingham. Though small, it is a great improvement on the previous establishment. The doctor attends monthly.
- (9) *Keadby*. This clinic has been removed from the room of a private house to the Ambulance Hut. Though badly positioned, it offers far more space and comfort than did the previous clinic.
- (10) *Sutton-on-Sea*. A new Infant Welfare clinic has been established at Sutton-on-Sea. So far it has been poorly attended, and its closure may be advised.
- (11) *Old Waltham*. The clinic at Old Waltham has been re-established in addition to the clinic at New Waltham. A Medical Officer attends monthly.
- (12) *Winteringham*. This was formerly a baby weighing centre. It has now been converted to a Welfare centre. The doctor attends monthly.

There have been further alterations in the old established clinics as follows:—

- (1) *Epworth*. The Welfare sessions have been increased from once to twice monthly, with the addition of two ante-natal clinics per month.
- (2) *Saxilby*. Sessions here have been increased to twice per month in place of five times per year.
- (3) *Lincoln*. The Infant Welfare sessions are now held in the afternoons instead of in the mornings. This is more convenient for mothers, and should result in increased attendances. In addition, it has been found necessary to hold ante-natal clinics twice per month. These previously were held together with the Infant Welfare Clinics, but pressure of work has necessitated there being separate clinics.
- (4) *Scunthorpe*. The number of Welfare sessions has been increased from twice per week to four times per week.
- (5) *Skegness*. Sessions here have increased from twice per month to weekly, in addition to a doubling of the Ante-Natal Sessions.
- (6) *Louth*. The sessions at the clinic have been increased from once to twice per month.
- (7) *Mablethorpe*. Here the Infant Welfare sessions have been increased from once to twice per month.
- (8) *Barton*. The clinics here have been doubled from twice per month to weekly.
- (9) *Spilsby*. Here the doctor's attendances have been doubled from monthly to fortnightly.

Attendance at Infant Welfare Clinics

There are at present 43 Infant Welfare centres provided by the County, together with two weighing centres. These latter two are poorly attended, and it may be found necessary to close them in the near future.

At the clinics there were 3,502 babies who attended for the first time, of whom 2,858 were under 1 year of age. By the end of the year there were 7,163 children on the register, 3,226 of whom were under 1 year of age, and 3,837 between the ages of 1 and 5 years of age.

The total number of children on the register shows an increase of some 600 over that of last year, whilst first attenders were approximately the same in number in both years.

Total attendances were 58,067 as compared with 55,486 in 1947 and 52,411 in 1946.

TABLE SHOWING NUMBER OF CASES AND ATTENDANCES AT INFANT WELFARE CLINICS IN 1948.

NAME OF CENTRE	NEW CASES				ALL CASES MAKING A FIRST ATTENDANCE DURING YEAR				ATTENDANCES				Sessions	Average No. of Attendances per Session		
	Ante-Natal	Mothers	Infants	Children	Ante-Natal	Mothers	Infants	Children	Ante-Natal	Mothers	Infants	Children		Mothers	Infants	Children
Alford	21	18	1		34	33	2		219	199	40	26	8	8	2	
Ashby	183	183	22		380	152	284		3335	2665	889	51	65	52	17	
Brigg	54	50	5		154	59	117		1553	799	904	50	31	16	18	
Barton-on-Humber	2	84	96	22	253	84	213	5	2645	1751	1239	53	50	33	23	
Belton	19	17	3		25	15	13		143	112	75	21	7	5	3	
Burton Stather	3	43	28	22	44	15	36	11	277	168	112	17	16	10	7	
Caistor	3	25	22	5	55	21	41	8	378	198	223	23	16	9	10	
Cleethorpes	439	336	16		684	548	129		10837	8520	2014	101	107	84	20	
Coningsby	41	31	15		41	31	15		163	119	56	8	20	15	7	
Crowle	46	43	6		84	39	55		791	542	339	22	36	24	15	
Epworth	16	39	38	4	26	91	41	56	39	670	469	303	22	30	21	14
East Halton	5	19	22	4	5	49	40	27	11	417	216	280	24	17	9	12
Friskney	33	28	5		34	34	6		535	433	229	24	22	18	9	
Gainsborough, Bridge Street	1	179	137	43	1	357	158	228	2	1775	1182	935	52	34	23	18
Gainsborough, Woods Terrace	5	188	147	48	7	319	153	195	20	2279	1492	952	67	34	22	14
Goxhill	12	11	3		39	9	37		270	80	219	17	16	5	13	
Holton-le-Clay	2	10	15	1	3	25	22	7	5	282	192	118	23	12	8	5
Horkstow	3	2	2		8	5	7		119	44	110	19	6	2	6	
Horncastle	8	89	71	33	10	178	58	149	11	1155	821	540	52	22	16	10
Immingham	1	28	26	5	1	35	25	8	2	672	491	210	22	31	22	10
Keadby	40	30	14	2		57	18	49		195	152	90	24	8	6	4
Keelby	14	14	2		36	11	29		309	187	178	22	14	9	8	
Kirton Lindsey, Alpha Cement	1	2	—		16	1	15		54	17	45	12	5	1	4	
Kirton-in-Lindsey	5	60	51	17	5	87	36	61	7	528	391	232	24	22	16	10
Laceby	17	22	5		54	15	69		391	214	319	25	16	9	13	
Lincoln	5	121	74	58	7	178	60	130	28	447	253	251	51	9	5	5
Louth	221	171	55	—	370	152	224		1909	1468	470	54	35	27	9	
Market Rasen	1	90	76	29	1	150	83	92	3	811	568	365	27	30	21	13
Market Rasen, Ludford Camp	48	30	16		75	9	66		105	36	73	4	26	9	18	
Mablethorpe	66	69	9		187	174	20		2044	1927	377	50	41	39	8	
Mumby	9	6	3		14	4	10		80	40	48	12	7	3	4	
New Holland	42	28	15		39	22	24		255	166	132	16	16	11	8	
North Kelsey	3	12	14	1	3	36	5	40	6	218	91	212	23	9	4	9
Scunthorpe	414	477	53		1081	415	887		9417	7620	2881	174	54	44	17	
Skegness	211	207	32		503	370	159		3513	2664	1078	47	75	57	23	
Spilsby	32	29	8		62	2	36		553	283	370	53	10	5	7	
Saxilby	31	24	11		55	41	26		409	272	197	23	18	12	8	
Sutton-on-Sea	19	15	4		19	13	6		58	46	12	17	3	3	1	
Tetney	30	34	10		64	23	39		296	173	137	21	14	9	7	
Ulceby	15	15	2		42	12	35	6	430	255	286	23	19	11	12	
Wainfleet	47	46	10		53	53	13		989	634	494	23	43	28	21	
Waltham New	41	42	4		98	75	36		636	434	282	22	29	20	13	
Waltham Old	12	11	6		71	48	36		214	147	136	5	43	29	27	
Winterton	3	13	14	8	6	44	13	44	12	433	198	347	24	18	8	14
Total	72	3191	2858	644	93	6373	3226	3837	199	53437	38983	19084	1494	36	26	13



Examination of "Toddlers"

Prior to the late war, arrangements had been started for the routine medical examination of infants about the age of three years. Progress was being made when the arrangements had to be allowed to lapse owing to the demand on the time of the staff for other work. The examinations were recommenced in August of this year, since when 689 "toddlers" have been dealt with. The record cards in use correspond closely with the main school medical record card, and will be available to the School Medical Officer when the child starts school. The number examined is admittedly small, but if the staffing situation permits it is hoped eventually to examine every "toddler" on reaching the age of three years.

Premature Babies

Every baby whose weight is $5\frac{1}{2}$ lbs. or less at birth is regarded as premature. The midwife is required to call in medical assistance in every case of prematurity. The doctor advises as to whether the baby can be nursed at home or should be admitted to hospital.

The County Council undertakes to provide in home nursed cases where necessary cots, blankets, bedding, hot water bottles and any medical or nursing equipment required.

Arrangements have been made for the prompt admission of hospital cases to institutions having the necessary accommodation, and in this connection there has been close co-operation with officers of the hospital board.

The number of premature babies reported in 1948 was 319. Of these, 127 were born at home and 192 in hospital or nursing home. Of those born at home 103 were nursed there and 24 admitted to hospital.

The following table shows the survival rates of premature infants:—

	Born at Home	Born in Hospital and Maternity Home
No. of Births	127	192
Died within 24 hours ...	8	25
Per cent. surviving 24 hours	93.5	86.9
Surviving 1 month	96	157
Per cent. surviving 1 month ...	75.5	80.7

Illegitimate Infants

As stated earlier in the report, the number of illegitimate infants born during the year was 357. One baby in every 16 born in the County was illegitimate.

As the mortality amongst illegitimate infants is considerably higher than amongst the legitimate, the Ministry of Health, in Circular

2866, has called attention to the special problems that exist in this connection, and made suggestions as to the lines on which some of them should be dealt with.

The services provided for mothers and infants generally are of course available to the unmarried mother and her child.

Special arrangements have been made for their admission where necessary to the Quarry Maternity Home run by the Lincoln Diocesan Association for Moral Welfare, and to homes provided by other organisations.

There is close co-operation between the County Almoner and the officers of the above-named Association in the investigation of all cases reported. Cases admitted to homes stay usually for a period of 16 weeks, by which time arrangements have been made for the re-establishment of the mother in the community, with her baby under proper care.

Ophthalmia Neonatorum

Ten cases of this disease were notified. Of these, 6 were treated by the patient's own doctors at home and nursed by a special nurse provided by the County Council; 3 were referred to hospital for treatment. All cases were enquired into at the end of the year, and in none of them was there any evidence of impairment of vision.

DENTAL TREATMENT

Mr. J. D. Sykes, the Chief County Dental Officer, has submitted the following report on the work undertaken during the year:—

On July 5th, 1948, the Council's responsibility for the provision of dental treatment under its Tuberculosis, Mental Deficiency, Public Assistance, and Blind Welfare schemes, ceased. Treatment for patients not complete at that date was finished, except in cases of patients awaiting provision of dentures on which work had not then commenced. These, and any new applicants for treatment, were instructed how to get treatment under the National Health Service. The figures shown in the table for these classes, therefore, represent work done during the period ending approximately at the end of July. At the request of the Regional Hospital Board, Mr. Ovey continues his work at Branston Hall Sanatorium until January 31st, 1949.

Work for expectant and nursing mothers and pre-school children, designated the priority classes under Sec. 22 of the National Health Service Act, 1946, has continued throughout the year. The table shews a drop in the number of new patients treated, but an increase in the number of actual attendances, as compared with last year. This is due to the fact that there were many patients, particularly in the Scunthorpe area.

for whom treatment started in 1947, was resumed in 1948 when staff vacancies were filled, so holding up to some extent the acceptance of new patients.

No figure has been returned shewing the proportion of patients inspected who were found to require treatment, but it can be assumed to be nearly 100%. Owing to staff shortage, it is still not possible to start the proposed routine dental inspection of all patients attending Ante-natal and Child Welfare clinics, and those seen by the dental officer are selected by Medical Officers and Health Visitors because they very obviously do need treatment. The difference between the numbers shewn as inspected and treated consists largely of those who failed to attend for treatment, and not those who did not require treatment.

Separate figures are not returned for expectant and nursing mothers. In many cases it is not desirable, and in most cases, particularly where the fitting of dentures is involved, it is not possible to complete treatment during pregnancy. Consequently, the majority of mothers are "expectant" at the beginning and "nursing" at the completion of treatment. Of the 120 mothers whose treatment was completed in 1948, 51 had first attended in 1947.

It will be noted that 176 dentures were supplied, and, as the fitting of a denture is usually the last item of treatment for any individual patient, it follows that these dentures were supplied to the 120 patients whose treatment was completed during the year. This means that at least 75% of patients made dentally fit were only made so by the fitting of dentures. It must be remembered, however, that, owing to the selective method of reference noted above, the majority of patients dealt with by the dental officers exhibit gross dental disease; that patients for whom dentures are to be made rarely fail to attend for completion of treatment, and that defections are confined almost entirely to those undergoing conservative treatment.

The dental scheme includes provision for dental health education, but this has not yet been put into operation. Whilst such measures should ultimately reduce the incidence of disease, there is no doubt that the immediate reaction would be a greatly increased demand on the dental service which, if not satisfied, owing to the inability of a depleted staff to cope with it, would discredit the scheme and prejudice adversely its prospect of success later when adequate staff is available.

Sessions are not devoted exclusively to the various classes of work shewn in the table, but are mixed clinics. The total time devoted to these clinics is divided up in proportion to the number of attendances in these classes, and the number of sessions allocated according to the respective services. The figures shewn under "complete dentures" represent the number of full upper or full lower dentures, not the number of full upper and lower dentures. The various items of treatment involved in the making and fitting of dentures are included under other operations.

Dental Treatment, 1948

	Sessions	New Patients Inspected	New Patients Treated	Patients whose treatment was completed	Appointments made for treatment	Attendances for treatment	Extraction of teeth under local anaesthetic	Extraction of teeth under general anaesthetic	Administrations of general anaesthetic	Administrations of general anaesthetic	Scalings	Other operations	Complete dentures	Partial dentures	Dentures	Denture Repairs	Radio-graphs
M. & C. W. Infants ...	39	161	131	96	314	259	45	122	71	50	1	84	—	—	—	—	1
M. & C. W. Expectant & Nursing Mothers ...	227	216	179	120	1497	1174	600	392	91	215	64	470	126	50	5	4	
Public Assistance ...	20	33	32	—	201	183	129	—	—	—	—	94	48	4	7	1	
M.D.	—	1	1	—	6	6	4	—	—	1	2	1	—	—	1	—	
T.B.	37	69	61	—	182	170	88	6	3	20	31	76	2	2	—	—	
Blind Welfare ...	2	7	7	—	22	21	26	—	—	—	—	6	6	1	—	—	
Totals ...	325	487	411	—	2222	1813	892	520	165	286	98	731	182	57	14	6	

DAY NURSERIES

The Nurseries at Gainsborough and Scunthorpe continue to be well attended. Most of the children attending are those of parents in full time employment, but admission is not restricted to this class. In a few instances where the mother has not been employed children have been admitted owing to unsatisfactory home conditions, illness in the home, and where the mother being confined at home is unable adequately to supervise the younger members of the family.

The nurseries are medically supervised by the Assistant County Medical Officers. There has been no undue prevalence of infection amongst the children attending.

Details of the attendance are as follows:—

SCUNTHORPE

1948	No. of children on register		Average Daily attendance (inclusive of Saturdays)		No. of mothers whose children were on register		
	Under 2 years	Over 2 years	Under 2 years	Over 2 years	In whole-time employment	In part-time employment	Not in employment
January ...	11	40	8	18	48	2	1
February ...	10	40	7	16	47	2	1
March ...	13	35	4	16	48	—	—
April ...	12	40	10	24	51	1	—
May ...	14	40	10	21	53	—	1
June ...	10	40	9	21	50	—	—
July ...	11	38	8	18	48	—	1
August ...	13	38	8	23	50	—	1
September ...	12	40	8	24	52	—	—
October ...	11	40	8	24	49	1	—
November ...	10	38	7	22	48	—	—
December ...	10	40	7	26	50	—	—

GAINSBOROUGH

January	...	13	18	9	9	27	—	—
February	...	13	16	10	11	25	—	1
March	...	14	16	10	12	25	—	1
April	...	18	19	11	13	27	—	2
May	...	15	21	9	13	28	—	1
June	...	18	22	6	9	33	—	—
July	...	20	27	8	11	35	—	—
August	...	15	30	7	16	34	1	—
September	...	19	27	9	16	39	—	—
October	...	21	23	15	17	37	—	—
November	...	13	23	11	16	29	—	—
December	...	11	22	8	16	28	—	—

BOARDED-OUT CHILDREN

The supervision of boarded-out children, which has been undertaken by a Joint Committee of the Education Committee and the Public Assistance Committee was, at the end of the year, passed over to the Children Committee.

During the year, a total of 96 children were boarded out. The Council's Health Visitors were responsible for paying monthly visits to the foster-parents. This responsibility will in future be taken on by the Visitors of the Children Committee.

A total of 520 supervisory visits were paid by the Health Visitors.

CHILD LIFE PROTECTION

Up to the end of the year, the Health Visitors were responsible for inspection and supervision of children under Section 206-220 of the Public Health Act, 1936. In future this responsibility will be undertaken by the Childrens Committee.

There were 22 foster-parents who undertook for reward the care of children under 9 years of age. The number of children concerned was 30. There were, in addition, 12 children at Boarding Schools, etc., subject to supervision.

A total of 244 supervisory visits were paid by the Health Visitors to these children.

REGISTRATION OF NURSING HOMES

By the end of the year there were 9 Homes in the County registered under the Public Health Act, 1936, with accommodation for 16 maternity and 60 other cases.

ORTHOPAEDIC SCHEME

The County's orthopaedic scheme continued to run up to 5th July when this, in common with other specialist services, was taken over by the Regional Board.

Orthopaedic Treatment in Institutions in 1948.

	Poliomyelitis			Paralysis			Spinal Disease or Abnormality			Webbed Fingers			Torticollis			Hallux Rigidus			Hallux Valgus			Congenital Dislocation of Hip			Hammer Toes			Club Foot			Rickets			Tuberculosis			Other Forms			Grand Total		
	I	S	A	I	S	A	I	S	A	I	S	A	I	S	A	I	S	A	I	S	A	I	S	A	I	S	A	I	S	A	I	S	A									
Lincoln County Hospital	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—									
Harlow Wood Orthopaedic Hospital	—	—	—	3	—	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—									
Brumby Isolation Hospital	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—									
Gringley Children's Hospital	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—									
Louth County Infirmary	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—									
Grimsby Corporation Hospital, Scartho	—	—	—	1	6	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—									
Scunthorpe & District W.M. Hospital	—	—	—	1	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—									
Grimsby & District General Hospital	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—									
Brockley Hill Hospital	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—									
Pinderfields Hospital, Wakefield	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—									
Brigg County Infirmary	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—									
	1	6	16	1	2	6	2	6	1	—	3	—	1	2	—	—	2	—	—	1	—	3	1	—	2	1	4	6	1	1	8	15	18	8	36	6	29	82	49	160		
	23			9			9			3			3			2			1			4			3			11			1			4			50			160		

Note.—Seven patients received treatment in two Institutions, therefore the actual numbers of patients who received Institutional Treatment was 153.

I — Infants.

S — School Children.

A — Adults.

Table showing the Defects for which advice was sought at Orthopaedic Clinics during 1948

Clinic	Rickets			Spinal Curvature			Club Foot			Claw Foot			Flat Foot			Torticollis			Poliomyelitis			Paralysis			Tuberculosis			Other Defects			Examined for Defects which Proved not to be Orthopaedic			Total			
	I	S	A	I	S	A	I	S	A	I	S	A	I	S	A	I	S	A	I	S	A	I	S	A	I	S	A	I	S	A	I	S	A				
Cleethorpes	2	—	—	—	6	2	3	—	—	—	1	—	19	9	—	—	1	—	—	5	—	2	13	1	—	6	2	40	22	3	2	1	—	68	64	8	
Gainsborough	—	—	—	—	2	—	—	2	—	—	2	—	2	12	—	1	1	—	1	1	5	2	2	3	1	1	10	17	20	2	6	5	—	30	46	20	
Lincoln	—	—	—	—	8	—	1	—	—	2	2	—	2	7	—	—	2	—	1	1	2	—	4	1	—	1	1	14	15	4	4	5	—	24	45	8	
Louth	—	—	—	—	8	—	1	1	—	1	1	—	6	7	—	—	7	2	1	7	2	1	—	1	4	17	13	2	3	4	—	28	42	8			
Scunthorpe	—	—	—	1	2	—	25	—	1	4	—	4	—	28	124	—	2	—	—	3	12	3	3	6	2	—	3	15	88	99	5	1	17	—	131	296	25
Skegness	—	—	—	1	—	—	1	1	—	5	3	1	1	—	6	7	—	1	—	5	1	3	2	—	2	2	21	10	1	—	2	—	39	32	7		
Spilsby	—	—	—	—	5	—	2	2	—	—	1	2	3	1	1	—	—	3	—	—	1	—	1	1	14	14	2	2	3	—	21	33	5				
Total	4	2	—	—	55	3	13	12	1	3	8	2	65	169	1	5	5	—	10	34	13	11	28	7	1	15	35	211	193	19	18	37	—	341	558	81	
Grand Total	6	—	—	—	58	—	26	—	—	13	—	—	235	—	10	—	57	—	—	46	—	—	51	—	—	423	—	55	—	—	980	—	—	—			

I—Infants

S—School Children

A—Adults



Orthopaedic Clinics were held at Cleethorpes, Scunthorpe, Lincoln, Louth, Gainsborough, Spilsby and Skegness.

There were 103 consultative sessions held, at which there were 1,832 attendances. In addition to these clinics, nurses held 602 sessions for the purpose of carrying out treatment at which there were 5,802 attendances.

A total of 245 domiciliary visits were paid to patients for whom extra attention was necessary or who were unable, by virtue of their disability, to attend the clinics.

A total of 980 patients received advice or treatment for orthopaedic conditions during the year. These figures contrive to increase year by year.

Orthopaedic appliances were supplied to 92 persons during the year as follows:—

Maternity and Child Welfare Cases	...	13
Education Cases	...	52
Public Assistance Cases	...	7
Public Health Cases	...	20

VACCINATION AND IMMUNISATION

The Council's Child Welfare Medical Officers undertake the immunisation of infants under 5 years of age at the Welfare Centres. Special clinics are also held where the numbers to be immunised warrant it.

Prior to July of this year, immunisation of School Children was carried out through the County District Councils. Under the National Health Service Act the County Council is responsible for the immunisation of all children, and has therefore made arrangements for primary immunisation and reinforcing injection, in the case of School Children, to be carried out through the School Medical Service at School Clinics and at special clinics when this is necessary. Parents if they wish may have their children immunised or vaccinated by their own doctors.

Primary vaccinations successfully performed in the first half of the year when vaccination was compulsory numbered 432, and in the second half of the year, after the Vaccination Acts had been repealed, the number was 370, making the total primary vaccinations for the year 802 as compared with 817 for 1947.

The number of children immunised against diphtheria during the year was 5,932, of which 5,234 were under the age of 5 years, and 698 between the ages of 5 and 14 years. In addition, 2,586 children of school age were given reinforcing injections.

The following table shows the number of children who have been immunised, in relation to the child population of the County.

No. of Children at 31st December, 1948, who had completed a course of immunisation at any time since 1st January, 1934									
Age at 31st Dec., 1948 i.e. born in year	Under 1	1	2	3	4	5-9	10-14	Total	under 15
	1948	1947	1946	1945	1944	1939-43	1934-38		
Number immunised	130	2730	2854	2655	3156	12940	8858	33302	
Estimated mid-year child population	Children under 5					Children 5-14			67622
	26520					41102			

AMBULANCE SERVICE

The County Ambulance Organisation is operated through the Fire Service. The Chief Fire Officer is responsible to the Health Committee for the maintenance of the Service. The County Medical Officer has the duty of seeing that the service provided is adequate and efficient, and of advising the Committee and the Chief Fire Officer with regard to the service generally.

Main Stations have been established at Louth, which is the headquarters, and at Cleethorpes, Scunthorpe, Gainsborough and Skegness. Sub-stations have been set up at Barton-on-Humber, Market Rasen, Horncastle and Mablethorpe.

These stations cover the County with the exception of an area within a 10 mile radius of Lincoln, which, by arrangement with the City Corporation, is served by the Lincoln Ambulances, and an area of seven parishes in the south of the County, which is served by the Holland County Council.

Twenty-five ambulances were available at the end of the year, including five new vehicles which have been obtained since the service started. Five ambulances were in need of early replacement.

Cars for sitting cases have not been provided. Instead, several of the smaller ambulances which are suitable for the transport of ambulance patients, have been used. Most of the sitting cases have, however, been dealt with through the hospital car service, which has on its register 52 private car owners willing to undertake the transport of patients.

The establishment of personnel when the service started in July was 28 whole-time and 148 retained drivers and attendants. The number employed at the end of the year was 36 whole-time and 125 retained. The latter are employed on a rota either part-time or whole-time, according to their terms of engagement.

It was not thought desirable to adopt a fixed establishment for personnel when the service commenced. The number required depended on the ambulances available, and the extent of the public demand for the service. Experience gained in the last six months, however, had enabled the Health Committee to fix the future establishment for drivers and attendants as follows:—

Station	Whole-time	Retained		Total
		Whole-time	Part-time	
Louth	5	5	10	20
Cleethorpes	8	5	4	17
Gainsborough	3	3	9	15
Scunthorpe	9	9	—	18
Skegness	3	6	6	15
Barton-on-Humber	2	2	10	14
Horn castle	2	2	10	14
Mablethorpe... ...	2	2	10	14
Market Rasen	2	2	10	14
TOTAL ...	36	36	69	141
Reserves for Contingencies ...	2	5	10	17
TOTAL	38	41	79	158

From 5th July to the end of the year, 9,192 cases have been dealt with, involving a mileage of 145,117. In addition, other authorities on behalf of the County Council dealt with 228 cases, and travelled 4,757 miles.

During the same period, the hospital car service transported 2,436 patients and travelled 85,833 miles.

The total number of cases dealt with in just under six months was, therefore, 11,865, with a mileage of 235,707.

DOMESTIC HELP SERVICE

Prior to the coming into operation of the National Health Service Act, the County Council already had made a beginning with the provision of a home help service by the establishment of what was in the nature of a trial scheme in the Borough of Cleethorpes under which an organiser, two whole-time and six part-time helps were employed.

Helps were provided in the home when the need was established, owing to the presence of a person who was ill, a lying-in of an expectant mother, a mental defective, or an aged person. The demand for the service at Cleethorpes has been such that it has been difficult at times to maintain it with the personnel available. Discrimination has had to be exercised in deciding which were the deserving cases.

Each application has been considered on its merits, and no one coming within the scope of the scheme has been refused help. Experience has shown that the home help must not only be able to do domestic work, but must also possess considerable tact and understanding, and be able to deal sympathetically with those she has to help.

Those employed at Cleethorpes have worked well during the year, sometimes in difficult circumstances. Ninety cases were provided for, 35 of which were maternity patients. In 18 instances, assistance had to be provided for a prolonged period. These were cases of chronic illness or old age.

Valuable assistance in connection with this service has been received from members of the local W.V.S.

Steps are being taken to extend the service to other parts of the county under the present organiser, who will have two assistant organisers, one stationed at Cleethorpes and the other at Scunthorpe.

The establishment approved by the Council is:—

	Organiser	Assistant Organiser	Whole-time helps	Part-time helps
Lincoln ...	1	—	—	—
Cleethorpes ...	—	1	2	9
Scunthorpe ...	—	1	4	18
Gainsborough ...	—	—	2	6
Rest of County ...	—	—	nil	as required

BLIND WELFARE

The Council's Scheme for the Welfare of the Blind is administered through the department of the Clerk of the Council.

At the end of the year there were 402 registered blind persons in the County.

The age groups of those registered are as follows:—

Years				
5—16	16—21	21—50	50—70	70 and over
12	6	83	129	172

Medical examinations and treatment are arranged by the County Medical Officer. In the course of the year, 44 cases were referred to Ophthalmic Specialists.

Dental treatment was provided in 7 cases. Nine patients not certifiable as blind were referred for preventative treatment.

MENTAL HEALTH

Under the provisions of the National Health Service Act, 1946, the County Council, through the Health Committee, is made responsible for (a) the initial care and removal to hospital of persons dealt with under the Lunacy and Mental Treatment Acts, (b) the ascertainment and, where necessary the removal to Institutions of, mental defectives, (c) the supervision, guardianship, training and occupation of mental defectives remaining in the community, (d) the preventative care and after care of all types of mental patients where this is not otherwise provided for.

Each of the five divisional Health Committees which have been set up in the County is responsible to the County Health Committee, for the Mental Health Service in its area.

Under the approved Mental Health Scheme the Council was required to appoint a senior Medical Officer to take charge of the Mental Health Service, a Psychiatrist and a Psychiatric Social Worker, and eight authorised officers. The last-named were appointed, and took up their duties as from the 5th July, but it has not as yet been possible to obtain any of the other officials mentioned, and consequently the development of the scheme is being delayed.

There are no organised facilities in the County for the training of Mental Health Workers.

Consultations are taking place with officers of the Hospital Board with a view to the better co-ordination of the services provided by that body with those of the County Council.

The problem of finding accommodation for mental defectives recommended as in need of institutional care and training, is one that is giving rise to a great deal of anxiety. At the end of the year there were 90 cases awaiting admission, some of whom have been waiting for over 10 years. Institutional care is needed in 36 cases because the defective is uncontrollable or because of lack of adequate supervision on the part of the parents, in 9 because they are suffering from epilepsy which increases the difficulty of caring for them at home, and in 5 (females) because they are in moral danger. The remainder are cases recommended as suitable for training. That they are unable to get it is not the least serious aspect of the problem.

It is not possible in this report to give the details of individual cases, but the reports of the health visitors, who have the duty of supervising these cases and who made 1,137 home visits for this purpose during the year, reveal the seriousness of the position and the need for more institutional accommodation.

Parents as a rule are just as fond of the defective as they are of other members of the family. They do the best they can for him and would prefer to keep him at home. The continual strain of looking after him, however, often leads to an appeal to the local authority to have him removed, but as things are at present the possibility of getting him into a suitable Institution is remote.

The Authority's Ambulance Service is available for the transport of mental patients. The local mental hospitals are willing to provide attendants to accompany the patient if necessary. A number of cases have been removed to hospital at the express wish of relatives in the authorised officer's cars.

Work of Duly Authorised Officers during period 5th July, 1948 to 31st December, 1948, under Lunacy and Mental Treatment Acts:—

Cases investigated	93
Admitted to Mental Institutions on Summary Reception Order—Section 16, Lunacy Act, 1890	69
Admitted to Mental Institutions on Three Day Order—Section 20, Lunacy Act, 1890...	3
Admitted as Voluntary Patients under Mental Treatment Act, 1930	3
Re-admitted during probationary period	1
No action taken in remaining cases	17

Particulars of Mental Defectives ascertained during 1948

1. Ascertainment	... ... ... ...	Males	Females	Total
(a) Cases reported by Local Education Authority under Section 57 of Education Act, 1944:—				
(1) Under Section 57 (3)	18	20	38	
(2) Under Section 57 (5)	7	6	13	
(b) Other cases reported during 1948 and ascertained as "subject to be dealt with"	4	7	11	
	29	33	62	
(c) Other cases reported during 1948 but who are not at present "Subject to be dealt with" but for whom the Local Authority may become liable ...	1	1	2	
Total cases ascertained during year	30	34	64	

2. Disposal of Cases ascertained during year:—	Males	Females	Total
(a) Cases "Subject to be dealt with":—			
1. Admitted to Institutions (by order)	1	3	4
2. Placed under Guardianship (by order)	1	—	1
3. Taken to places of safety...	—	—	—
4. Placed under Statutory Supervision	27	30	57
5. Died or removed from area	—	—	—
6. Action not yet taken	—	—	—
(b) Cases not at present "Subject to be dealt with":—			
1. Placed under voluntary supervision	1	1	2
2. Found not to be defective	—	—	—
3. Died or removed from area	—	—	—
4. Action not yet taken	—	—	—

Particulars of Mental Defectives as on 31st December, 1948

A. Number of cases "Subject to be dealt with":—

1. Under "Order":—

(a) 1. In Institutions (Excluding cases on licence)	Males	Females	Total
Under 16 years of age ...	27	12	39
Aged 16 years and over ...	157	161	318
2. On Licence from Institutions:			
Under 16 years of age ...	1	—	1
Aged 16 years and over ...	11	20	31
(b) 1. Under Guardianship:			
Under 16 years of age ...	—	—	—
Aged 16 years and over ...	9	11	20
2. In "places of safety":			
Under 16 years of age ...	—	—	—
Aged 16 years and over ...	—	—	—
3. Under Statutory Supervision, of whom 46 males and 44 females are awaiting removal to an institution ...	146	134	280
4. Action not yet taken under any one of the above headings:—			
(a) Mental defectives in Hostels of the Welfare Authority and Regional Hospital Board ...	15	21	36
(b) Otherwise "Ascertained" ...	4	2	6

B. Number of cases who may become "Subject to be dealt with":—

1. In Institutions or under Guardianship dealt with under Section 3:—

(a) In regard to whom the Local Authority contributes under its permissive powers	1	—	1
(b) Maintained wholly by parents, relatives or others ...	—	2	2
2. Reported to the Local Authority from any reliable source, but as to whom no action has been taken. Of these, 65 males and 74 females are under voluntary supervision ...	66	78	144
3. In Institutions but not under the Mental Deficiency Acts ...	46	11	57
	483	452	935

PREVENTION OF ILLNESS, CARE AND AFTER CARE

Tuberculosis

In the supervision and care of persons suffering from Tuberculosis, the Council's staff work in close co-operation with the officers of the Hospital Board.

The Health Visitors who visit the patients in their own homes assist at Chest Clinics. Copies of the Health Visitors' reports on the home circumstances are made available to the doctors in charge of the clinics. The clinics are also attended by the Council's Almoners. Amongst other things they advise and assist the patients to obtain any financial or other assistance to which they may be entitled and later any steps as are open to them to find suitable employment for those fit to work.

Extra nourishment, beds, bedding, open-air shelters, nursing and other requirements are provided by the County Council on the recommendation of the doctor in charge of the clinic.

The County Council continues to work in co-operation with the Tuberculosis Care Committees at Cleethorpes, Gainsborough and Scunthorpe. These Committees assist the patients and their families generally and provide comforts and extras which are not available through the Council's Service. The County Almoners are members of the Committees at Scunthorpe and Cleethorpes.

Mental Illness and Mental Deficiency

The care and after care work in relation to Mental Illness and Mental Deficiency is very much restricted from lack of staff. The Health Visitors have continued to make quarterly routine home visits to mental defectives. The adverse conditions reported can in many cases only be properly dealt with by the admission of the defective to an institution if suitable accommodation were available.

Nursing Equipment and Apparatus

Sick room equipment required by patients being nursed in their own homes can be obtained from the District Nurse. In each nurse's district a cupboard has been provided containing Air Rings, Mackintosh Sheets, Feeding Cups, Bed Rests, Bed Pans, Urinals, sand bags, etc.

The larger appliances, such as rubber beds, wheeled chairs, &c., are provided from a central depot at the County Offices, Lincoln.

W. S. H. CAMPBELL,

County Medical Officer.

